2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05059

Reg. Dist. No. 24/5

COUNTY O	STATE STATE	
CITY (I outside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (If outside copporate limits, write RURAL and giv	
OR give nearest town)	OR GOLL IN	e nearest toym)
TOWN Healtenile 21 mass	TOWN Takathrille	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1
STREET ADDRESS	15006 - 42 4	ane
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) mary Elizabeth	alfred DEATH May	17, 1951
5. SEX 6. COLOR OR RACE 7. SINGME, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
WIDOWED, DIVORCED, (Specify)	mar, 15, 1857 94 yrs. Fronths.	Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Home	Undiana	COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	or of all
	9. (
Wha C. Calver	Mineroa Panghurn	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	10 4
714 service) no No	mrs E. E. Calvin - Hyaller	elle, Jord.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Solver An	euman z Tennish	3 decys
Antecedent cause(s)		
1142 Van Casta in Alex	A	Who Grayer
Diseases or conditions, if any, (b)		avry 104 as
giving rise to the above cause stating the underlying cause last	4-renel disease	F
(C)	4-react occeure	- Jan
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) INJURY	(OUT)	(SIMIB)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INJURI LI WOLK LI ME WALLE LI		
22. I hereby certify that I attended the deceased from I said the said of	20, 195/, to 24 027 17, 19.5/., that I last s	aw the deceased
the second of the second of	5 S. we from the source and on the date of	atad abassa
alive on	ADDRESS	DATE SIGNED
DIGITAL CALLS		DITTE STURED
Louis M. Jemal M.D.	collage ug, mg.	4 ay 19, 193)
	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) May 19, 1951 Crown 4	Hill Cem, Indiamnatolys	Undiana
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGMAN MAINTENANCE VIOLATE	100 0 41 1 NOV. 2	- F- P 7 1
They I was not been well they	14.4. Herenes Trop - 1	muy mg
() (dorn)		

Time 50 m



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

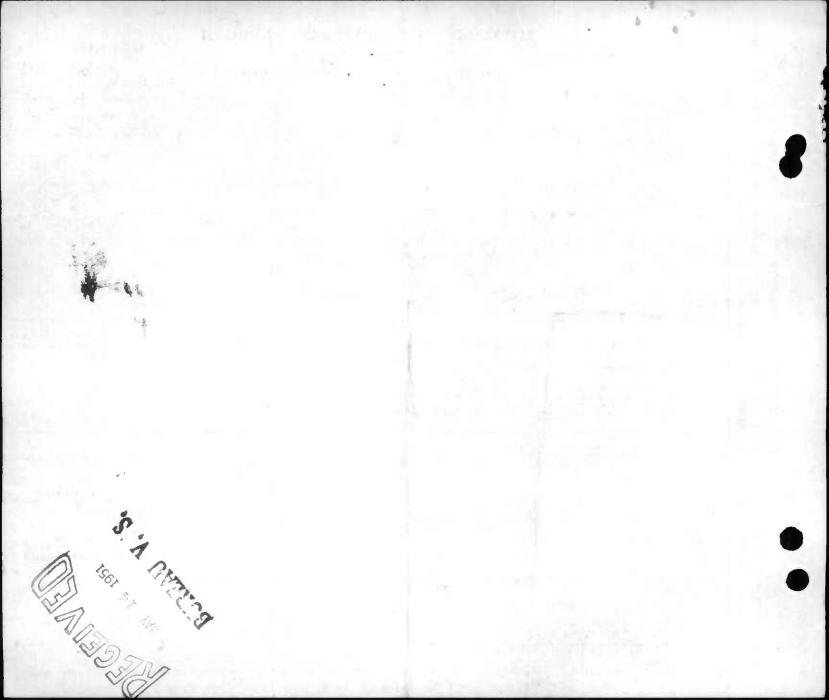
2411 N. Charles Street, Baltimore

05060

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH. COUNTY Since Storgle MARYLAND	2. USUAL RESIDENCE (HOME) OF DECHASED.
CITY (If outside comorate limits write FORAL and LENGTH OF STAY OR give heartstroyn) Length of STAY (in this place)	CITY (Il ortside corporate limits, write RURAL and give negrest town) OR TOWN Selleville Ma
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Edmonston Coad
3. NAME OF DECEASED (Type or Print) HARRY M (Middle)	DERSON 4. DATE (Month) (Day) 19 (Year)
5. SEX 6. COLOR OH RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) narried	8. DATE OF BIRTH 9. AGE last birthday I under 1 year If under 24 hrs. Nov 29 378 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b/ Kind of Business or including most of working life, even if retired. Industry supplying	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT
13. FATHER'S NAME PEronse Conderson	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Exalistanderson, Beltsville nd.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Typuicing 7	tears blener 2 most
177% Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) (c)	Junie & Beasley 1/24
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Processia 20. AUTOPSY? Yes □ No ₽
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Not White INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1950, to 3/9 , 1950 that I last saw the deceased
alive on 5/9, 19.5.0, and that death occurred at	ADDRESS n.m., from the causes and on the date stated above. DATE SIGNED
D 13 mm 314	Crije an Lacued ,
23. BURIAL CREMATION DATE THEREOF TO CEMETE BEMOVAL (Schedily) may 11. 1911 TWENTER	en Cemeley Bladershing the
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 5/11/5/	I Casche some Hyatterille my
John D. Switz	100906



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05061

Reg. Dist. No. 243

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	٧)
MARYLAND	1 augustin al line 5	conero
CITY (If outside corporate dimits, write RURAL and LENGTH OF STAY OR give meanest town). (In this place)	CITY (If outside corporate limits, write RURAL and of OR	ve nearest town)
HOSPITAL OR	STREET (If rw al give io atioo)	
INSTITUTION OR STREET ADDRESS Complete Farm	ADDRESS Campledo Farm	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mooth)	(Day) (Year)
DECEASED (Type or Print)	annold DEATH 3-	13- 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED/ (Specify) Many C	3-15-1888 63 yrs. Mooths	Days If under 24 hrs Hours Mio.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10b. Kind of Business or Invester	11. BIRTHPLACE (State or Oreign country)	2. CITIZEN OF WHAT
Glin anald	alta Svaler.	, ,
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, o uoknowo) (If yes, rive war or dates of service)	Koby and wood	moren
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, / / / /	ONSET AND DEATH
Immediate cause (a) Garta Congus	The heart tailing	
141171	1	
Diseases or conditions, if any, (b) Con digraseur	an nearly	
giving rise to the above cause stating the underlying cause last	international and the second s	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🔀
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. Work at work	The state of the s	ALC: SING
22. I certify that I took charge of the remains described above, held an A	Autoney Inspection Inquiry thereon and	from the enidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	iopinion resulted
from: noturol causes accident , suicide , homicide ,	undetermined .	DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Malony Mil. Dep Med. Evan-	Cheverly on attenthe mo	1.5-16-5-1
23. BURIAL, CREMATION VDATE THEREOF NAME/OF CEMETE	or CREMATORY WOCATION (City, town, or country Collinston Md	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	• ADDRESS
REG/18/51 Amanda Decener	& Gaselia Sona Hua	ttaville.
661/- agent life to		and.

REGEIVED

UL 1 1951

BUREAU V. S.

2411 N. Charles Street, Baltimore

05062

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH LOUIS LONGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1.,
	CITY (If butside corporate limits, write RURAL and give nearest A	today)
CITY (If outside corporate limits, write RIRAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	TOWN Nashington Ballo mo	Swii)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Zawy Sanalonism	STREET ADDRESS JOS Cart Survey St. Chery	Chea 15
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) FLORENCE — Be	OWLING OF DEATH MAY 5	1951
5. SER 6. COLOR OR RACE 7. SINGLE, MARNIED, WIDOWSD, PIVORGED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If 1 4-23-1875 yrs. If under 1 year If 1 Months. Days If	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during facet of working life, even if retired) 10b. Kind of Buyeness of Industry INDUSTRY	11. BIRTHELACE (State or foreign country) 12. CITIZEN COUNTRY?	4.59.
13. FATHER'S NAME BOOKING	14. MOTHER'S MAIDEN NAME Frances Patterson	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		- K-
(Tennogor unknown) (If year, give war or dates of - No	17. NOTHER AND ADDRESS 105 East Juin	of hid
18. MEDICAL CE	PTIPICATION	L BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ND DEATH
[1. D /.le.		1
Immediate cause (a) Lerefrel Her	arrage 22	aya
260X Antecedent cause(s) Diseases or conditions, if any, (b) Several arter		al year
giving rise to the above cause stating the underlying cause last		"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	•	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUT	TOPSY?
	Yes 🗆	No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY		ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 10-1-	ADDRESS DATE	ve. SIGNED
James Jours, M.W. Same	anterin faired by	175/
23. BURIAL, CREMATION DATE REMOVAL (Specify) - SI NAME OF CEMETE	Levou Godlavn Ball	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'D SY LOCAL REGISTRAR'S SIGNATURE REC'D SY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	(State) ESS

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

29// 105063
Reg. Diet No. 2-3/

	Reg. Dist. N	0
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	
1. PLACE OF DEATH- COUNTY COUNTY CITY (If outside corporate finite, write RURAL and LENGTH OF STAY	STATE COUNT	PQ.
CITY (If outside corporate finits, write RURAL and LENGTH OF STAY		ive nearest town)
OR give nearest town) (in this place)	TOWN Cottage City	
	STREET (If rural, give jocation)	
HOSPITAL OR INSTITUTION OR 7	ADDRESS O I II O	
STREET ADDRESS Prince George General Naspital	" 4303 Bunker Hill Road	
3. NAME OF (First) / (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sarah MARY HAN	Brookman DEATH may	13 1951
5 SEY) 6 COLOR OR PACE 17 SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthday If ander	I year If under 24 hr
Temale White WIDOWED, DIVORCED, (Specify) married	Jan. 27 1868 83 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY THE	0 11 1	COUNTRY 2/5A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-2
ARNOLD HENDERSON	UNKNOWN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		
(Yes, no, on paknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	40.00
No service) NONE NONE	WOHN BROOKMAN- PASSIC CIT	y NIV.
I8. MEDICAL C	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
9 + +		0110
Immediate cause (a) Intoluna o	vernelin	174m
Diseases or conditions, if any, (b) Call annual a	I have ence -	H 0 - 5 3 400
giving rise to the above cause		7.1
/22 b stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	- //	20. AUTOPSY?
may 11, 1961 Obstruction of	ower seaword	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY/OR TOWN) (COUNTY	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		, , , , , , , , , , , , , , , , , , , ,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	22011 222 2210022	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Tray	1, 1961, to may 1319 6 / that I last s	now the desert
22. I hereby termy that I attended the deceased norm	/5_ to	saw the deceased
alive on may 13, 19.51, and that death occurred at.	6 A: m., from the causes and on the date st	tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
of unchance) MULL Sed Willers 5.	-13-51
horse H. M Jain M.	V. 176-1-07, N.W. WASA DC.S	1001
23. BURIAL CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or coun	aty) (State)
REMODELAZO MAY 15/1951 FORT LINE	COLN COYETORY COLMAR MANUE 1	R. GO. MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. /	24 FUNERAL DIRECTOR	ADDRESS
REG. 5/14/ amanda Downe	IN WI CHAMBERS CO- RIOTRES	DOLE MP
- / 14 / www.ou Nowne		7
/ 151		

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05064

eg. Dist. No. 23

1. PLACE OF BEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Prince Deag and MARYLAND	STATE Maryland COUNTY /2, Ou-
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give hearest lown) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest fown) OR TOWN Sales burg, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pune Seryer Don, Hoop.	STREET (If rural give location) ADDRESS 4/// - 5/2 5/24
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Gast) 4. DATE (Month) (Day) (Year) OF DEATH May 2, 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH 9. AGE last hirthday II wnder 1 year II under 24 hrs. Months Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTEY? Sockwelle M. L.
13. FATHER'S NAME Barboura	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Robert Husband Bladenshus
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Lass Act Anias Humonhag	E, nt. Temporal lobest post. cerebellum
giving rise to the above cause	schooling heart disease.
stating the underlying cause last (c) 9 5 man 1250 At 1210	and a second
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	350120113
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes The No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Ilour) INJURY OCCURRED While at Not While INJURY Mork At work	How DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5/2	, 19.5, to , that I last saw the deceased
alive on 195, and that death occurred at (Degree or title)	ADDRESS DATE SIGNED
Julius Jauffman, M.D.	Stordensfury, md. 5/2/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 5/5/5/ Mt	et Cemetered Wach. D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5 4 (manda h) owner	Vellup Junual Jone Inc.
1 1/5/	J. 1 p. 0 a Shit 12

BUREAU V. S.

The correct age

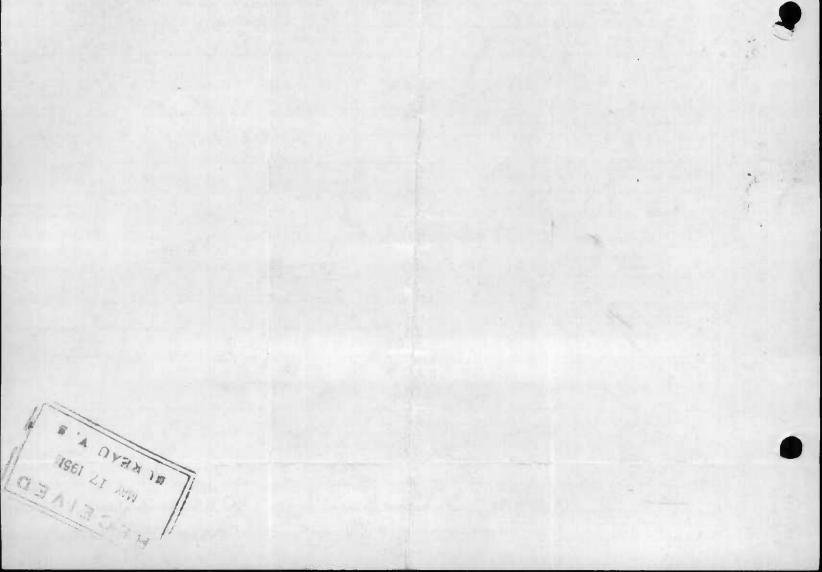
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05065

Reg. Dist. No. 242

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	STATEN ASSAMANO - DOUNTY
OR give neares town) (in this place)	OR CITY (If outside cor forate limits, write R PAL and rive nearest town)
TOWN CLUM NEGROUP IMP.	TOWN COOR SUGINO
HOSPITAL OR INSTITUTION OR 1011 (2. Mal)	STREET ADDRESS ADDRESS ADDRESS ADDRESS
STREET ADDRESS!	1011 62 mg place
3. NAME OF (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) William Insene	DEATH 5 - 13 - 1961
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	9. AGE last hirthday If under I year If under 24 brs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of sorking the, even if retired) INDUSTRY	M. BIRTHI LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tomes & James	Mary Smith
15. WAS DECEASED EVER IN U.S. ARMED FOR SE? 16. SOCIAL SECURITY NO.	17 INFORMANT 1
(Yes, no opunknown) (If yes, give war or dayles of service)	Cingusta Hornsberry Sister
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BRITWHEN ONSET AND DEATE
Immediate cause (a) (D) (Vary YA)	
353, 3Antecedent cause(s)	no and
Diseases or conditions, if any, (b) giving rise to the above cause	Jan
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🔀
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Off office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A	Autopsy [], Inspection [4] Inquiry (a) thereon and from the evidence ased died on the day stated above, and death in my opinion resulted
from: natural causes \mathbf{N} , accident \mathbf{n} , suicide \mathbf{n} , homicide \mathbf{n} .	used crea on the ary stated above, and death in my opinion resulted undetermined .
A SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Col. J. Malones well . Dea Marin	1. Gedera Charach Made 5 14 5
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 14 Way 1951 Was In Su	wood Home 467 NSSr. Land Jan. 10.C.
DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE/	24. FUNERAL DIRECTOR ADDRESS
REG. 5-14-19 Christian 16 16 10000	Henry S. Washerten & Son Washofton D.C.
1011 . 20 1000	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

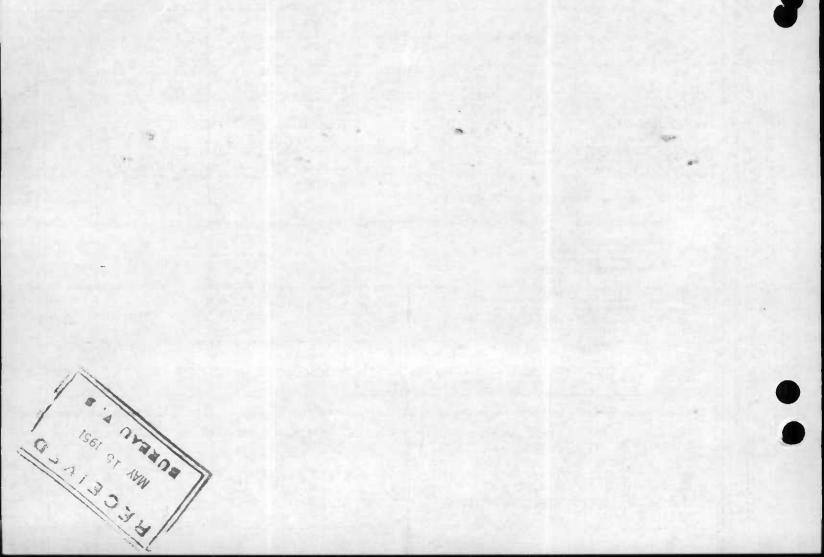


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2 (15 (26)6) Reg. Dist. No. 23/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince George MARYLAND	STATE COUNTY	nce George
CITY (If outside corporate fanita, write RURAL and LENGTH OF STAY	CITY (If outside comporate limits, write RURAL and give	ve nearest town)
OR givo nearest town) TOWN (in this place)	TOWN Landerer Hills.	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Prince George General Joseph	ADDRESS 4403 71 ST Avenue	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Elizabeth	Bush DEATH may	13 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year IIf under 24 hrs.
Temple White WIDOWED, DIVORCED, (Specify) Widewed	7eb. 28 1870 81 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	new York	COUNTRY U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
sept 111, thomas	Pleanbell Fridl	020
15-WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	A7. INFORMANT AND ADDRESS	
(Young, of unknown) (If yes, give war or dates of service)	Vausha 7/12 Marcosix.	(aruana
18. MEDICAL CÉI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a) Mescurson	- Throntons	5-10-51
5707 Antecedent cause(s)		
Diseases or conditions, if any. (b)		
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(0 = = = =)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		7
	// 1	
22. I hereby certify that I attended the deceased from 3 - 2	, 1946, to 5/12, 195/, that I last s	aw the deceased
-/:2	13	
alive on, 1924., and that death occurred at	ADDRESS and on the date st	ated above. DATE SIGNED
DIGITATOR!		DATE SIGNED
(Nemach Machael MI) 37/1-	3882 we Charage like	Md 5/13/1
23. BURIAL CREVATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or course	ty) (State)
REMOVAL (Society) 5/15/5/ Farrond	ew com, rewark, 116	W prosen
DATE REC'D BY LOCAL REASTRAR'S SIGNATURA	24. FUNERAL DIRECTOR	ADDRESS
5 13-51 amandadowney	yum free som (300)	DESINIT
		1
	A STATE OF THE STA	



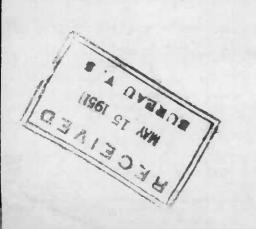
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05067 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	rv
MARVIAND	Manyong- Myse	naw
OR give dealest town)	OR CITY (If outside corporate limits, write LURAL and g	ive dearest town)
TOWN Marsh	TOWN Henlwood, MO	7
HOSPITAL OR INSTITUTION OR INSTITUTION OR	ADDRESS (If ru'al give location)	
STREET ADDRESS Wash - Salt- Joulward	1. F. avenue	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) WW800 UV	VOL DEATH 5 -	12 1957
6. SEX 6. COOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCE		r 1 year If under 24 hrs
(Specify) Amc CL	1/30/1910 4/ ym.	
done during most of working life, even if retired) libb. Kind of Business or Industry.		12. CITIZEN OF WHAT
- Valoret Intelligence	B. Lawlina	N.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Dund	weigh verson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or oates of decrees)	17. NEORMANT	0/11 11
	sneman region you	1. Hyallon
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) duronlas	· a shock	
Immediate cause (a)		
Antecedent cause(s)	HA to a	A
Diseases or conditions, if any, (b)	mounted pacture of righ	I
tating the underlying cause last	+ ' '	
(c) /mmuns & la	cuation of vessels -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 198. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION		1 20 ATTODOVS
138. DATE OF OPERATION 138. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT)	Yes No X
PRIMARY FOR CONTRIBUTING OF office Older etc.	La Harris D. Con	(SIAID)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	Vyg t
OF While at Not while	A I MANGEL KIN	gulomobile
INJURY J- 12-3 / - m. work at work	while working as a street !	waver -
22. I certify that I took charge of the remains described above, held an A	Autopsy 🗀, Inspection 😽 Inquiry 🔂 thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my	opinion resulted
from: natural causes . accident , suicide ., homicide ., SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A SIGNATURE	-1 11 11 - 11	
John Malones Mi D. Dep: Med. Elan-	Cheverly In alterille Md	5-12-51
23. BURIAL CREMATION DATE THEREO NAME OF CEMETE		
Senistraly 5/12/5/ Jarre Li		odle
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS /
REG 5/12/51 Umanda Down	I sasche some falle	rewind
71.1.	17	111



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

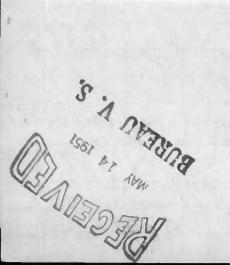
CERTIFICATE OF DEATH

		FOR MEDICAL	EAAMINERS	Reg. Dist. N	0234
I. PLACE OF DEATH			2. USUAL RESIDENCE (F	IOME) OF DECEASED.	
COUNTY	ince George	MARYLAND	STATE Marylan	COUNT	Y Pr. Geo.
CITY (If outside eq	rporate limits, write RUR	AL and LENGTH OF STAY		ste ilmits, write RURAL and gi	ve negreet town)
OR give nearest.	town)	(in this place)	OR TOWN	Clinton	
HOCDITAL OD			STREET	(If rural, give location)	
INSTITUTION OF STREET ADDRES	S D.O.A. at Fi	re Dept.	ADDRESS Clinton	n Woodyard Rd.	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Harry	Rudolph	Caldwell Jr.	OF	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday Il under	9 19 5] I year III under 24 bra
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sindle	Oct. 27, 1946	4 yrs. Months	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	n fanalan anna taux	2. CITIZEN OF WHAT
done during most of w	orking life, even if retired)	INDUSTRY	Roanoke,	Va.	COUNTRY!
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	U.S.
Harry F	Rudolph Caldwe	11	Marie Av	enell Mullin	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT		
110	(If yes, give war or dates service)	or	Harry R. Cald	well, Clinton, Md	
		18. MEDICAL CE			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
					OHOME AND DEATE
Immediate	cause (a)	nemorrhage and sh	ock	ය සිංවසියා ගලලා යය සංවරය ගලලා සුළුලි ලෙස. ලෙස ලදුල්ල	7.5 - 500 670 670 600 000 000 000 000 000 000 0
24, o Antocodon	t annaa(a)				
Anteceden Diseases or o	onditions, if any, (b)	Crushed chest			
	the above cause aderiying cause last			100000000000000000000000000000000000000	
1 /oc stating the u	(c)				
II. OTHER SIGNIFI	CAN'T CONDITIONS				
Conditions contribu	ting to the death but not e or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No D
2t. EXTERNAL CAU	JSE WAS PLA	CE (Home, farm, factory, street,	(CITY OR 7	rown) (COUNTY)	
PRIMARY OF OR CO CAUSE OF DEATH	NTRIBUTING OF	office bldg., etc.) JRY HOME	Clin	ton Pr. Geo	. Md.
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC		
OF INJURY 5	19 51 5p.m.	While at Not while work at work	Fell off fender	r of car and was	run over
22. I certify that I	took charge of the rema	ins described above, held an A r Inquiry, find that said dece	ulopsy , Inspection	, Inquiry thereon and	from the evidence
from: natural	causes \(\subseteq \). accident \(\mathbb{K} \)], suicide [], homicide [],	undetermined .	a above, and aeath in my	opinion resulted
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
	9115	1	50		- / / .
21. BURIAL, CREMA	TION DATE THERE	NAME OF CEMETER	Porestville,	dd.	5/9/51
REMOVAL (Speci	fy)			OCATION (City, town, or coun	ty) (State)
DATE REC'D BY I	May 12.	1951 Cedar Hil	24. FUNERAL DIRECTO	Suitland, Pr.	Gen. Md.
REG.		SIGNATURE	24. FUNERAL DIRECTO	r,	ADDRESS
May 9, 1951	HOW8	rd Reall	Simmone Bros	2007 Nichole Ave	er ne

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY	STATE (COUNTY	0.0
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	maryland	P. 9.
CITY (If outside corporate limits, Frite RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN Cheverly	TOWN Brandy wine	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Warain	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) David Dixon	Catterton DEATH may	10 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	7. DATE OF BIRTH 9. AGE last birthday Munder Months	Days If under 24 hrs. Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10h. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S. A.
13. FATHERS NAME	14. MOTALA S MAIDEN NAME	
HIGRED N. Catterton	oucille Diyon.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (11 yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CL	ERTIFICATION	1_
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTED ESPADING TO DEATH	11-11	ONSET AND DEATH
Immediate cause (a) Congenital from	acheal Olrecture	Life.
Inimediate cause		//~
Antecedent cause(s)		Lelo.
Diseases or conditions, if any, (b).) ************************************	
/ 6 / a stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
OL ACCUPANT (See the) DIACE (Very form fortest attract	: (CITY OR TOWN) (COUNTY)	Yea No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., ctc.) HOMICIDE INJURY	(CITT OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work 22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last s	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 19 and that death occurred at	, 19, to, 19, that I last st	ated above.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work 22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last s	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 19 and that death occurred at	, 19, to, 19, that I last st	ated above.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work 22. I hereby certify that I attended the deceased from live on 19 19 19 19 19 19 19 1	, 19, to, 19, that I last st	ated above. DATE SIGNED
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work 22. I hereby certify that I attended the deceased from live on 19 19 19 19 19 19 19 1	, 19, to, 19, that I last so that I last so the causes and on the date strength of the causes are caused by the cause are caused by the caused	ated above. DATE SIGNED
TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETIC REMOVAL (Specify)	, 19, to, 19, that I last so that I last so the causes and on the date strength of the causes are caused by the cause are caused by the caused	ated above. DATE SIGNED
TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from laive on the Signature (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETY REMOVAL (Specify) DATE REC'D BY LOCAL RESARTER'S SIGNATURE	, 19, to, 19, that I last standard on the date standa	ated above. DATE SIGNED
TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 19 and that death occurred at (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMENT REMOVAL (Specify) ODATE REC'D BY LOCAL FAISS MAR'S SIGNATURE	, 19, to, 19, that I last standard on the date standa	ated above. DATE SIGNED



2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

05070

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY/ STATE STATE COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY give nearest town) (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Last) (Month) (Day) (Year) DECEASED (Type or Print) DEATH 19 3 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday | If inder 1 year | If under 24 hrs. | Months | Days | Hours | Min. 6. COLOR OR HACE (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no. or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH exposion of the lung. Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY At work 19 1, to My 19, 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from..... Muy 18 , 1951 , and that death occurred at 15 m., from the causes and on the date stated above. (Degree or title) SIGNATURE DATE SIGNED 23. BURIAL, CREMATION OREMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 20 A. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS lmanda Downer

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

20	MARYLAND STATE DEPARTMENT OF HEALTH	17-1
ct	CERTIFICATE OF DEATH	
соттес	FOR MEDICAL EVAMINEDS	252
(I)		0
Th	1. PLACE OF DEATH- COUNTY PAGE 12 STATE STATE COUNTY COUNTY PAGE 12 STATE COUNTY PAGE 12 STATE COUNTY COUNTY PAGE 12 STATE COUNTY PAGE 12 STAT	VP GOD
	CITY (If outside corporate limits, write RURAL and OR give nearest town) OR give nearest town) OR OR	ive nearest town)
refregil	OR give nearest town) TOWN HOSPITAL OF THE TOWN THE STREET (II rural, give location)	ur.
n cs	STREET ADDRESS While Warlboko wa ADDRESS Kural - Where	aslang 444
of information carefully death clearly and legibly.	3. NAME OF DECEASED (First) (Middle) (Last) (ADATE (Month) OF	(Day) (Year)
clea	(Type or Print) DEATH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthdey Il yade	r I year If under 24 hrs Deys Hours Min.
f in	Specify States A Marie 1997 A Vis. 1	
m o	done during most of working lift, even if retired Institute II. BIRTHPLACE (state or forms country)	2. CITIZEN OF WHAT COUNTRY?
very item causes of	13. FATHER'S NAME OF OR OR DE WORTHER'S MAIDEN NAME	1:000
	15/WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	word
유	(Ye. no, or unknown) (If yee give war or detes of none garrelle sale	
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
. 9	Parche of Con MARIA	Ones and state
INK. please	03//	
YG.	Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above ceuse	
UNFADING t. Physicians:	195e stating the underlying cause lest	
IFA Pby	11. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition ceusing death.	
WITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH	21. EXTERNAL AUSE WAS PLACE (Home, farm, factory street, CITY OR TOWN) (COUNT)	Yes No (STATE),
Y in	CAUSE OF DEATH. INJURY WHILE AGENCIET DEMON USUAL CHARLES OF THE	es ray.
N is	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY West 2 195-13 m. While the manufacture of the control of th	00
PLA1	22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and	from the evidence
E P	obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my	opinion resulted
WRITE	from: natural causes , accident , suicide , homicide , undetermined SIGNATURE , Degree or title) ADDRESS	DATE SIGNED
	There Coan Jalto Ret Dellar, Washington 1950 M	ay 3/937
PLEASE	23. BURIAL CHEMATION DATE THEREOF NAME OF CEMATERY OR CREMATORY LOCATION (Chy, town, or he remaind the control of the control	oty) (styte)
LE	DATE REC'D BY LOCAL ROGISMAR'S SIGN. TURE 24. FON ERAL PRECTOR	ADDRESS
biles	mys - ASI Coul Smille Job Holmen	66

BUREAU V. S.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

05072 2245 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND . MARYLAND	Marstand Much Renge.
CITY (If outside corporate limits, write WURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN INT. Painer.	TOWN Mr. Cainer
HOSPITAL OR INSTITUTION OR	STREET ADDRESS
STREET ADDRESS	3302- Chaunchy Place.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) EDWARD	OUGH. DEATH May 16 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
M While (Specify) Wilmed	1 9 1 - 18 7 J 3 1 yrs.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
etired - U.S. navy Dept. I Sunter	И, И.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Carrigh.	margaet sonals.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMAND
servico)	Marghet Little
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
O a so lais	Respiratory factor 36 hours
Immediate cause (a)	1, we for any facility - has
Mod X Antecedent cause(s)	B
Diseases or conditions, if any, (b)	no Carcinos y well 9/8452
stating the underlying cause last	with printery of
(c) in Rediction	or right live
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	10) A (sa tology for AUTOPSY?
Oct. 1950 meterlate Ca John	a Right Dringer Liceta Tomphile D No &
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(COUNTY) (STATE)
HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
20 X 1 1 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	549, to 5/16/5 119, that I last saw the deceased
22. I hereby certify that I attended the deceased from	
alive on 5/5, 19, and that death occurred at 3	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Out Alson XO G. R.	1278 (Manual VIII)
23. BURIAL CREMATION A DATE THEREOF ! NAME OF CEMETER	RY OR CHEMATORY LOCATION (City, town, top-county) (State)
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	- Control (1)/1.1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
MREGILLO 1917 CALLES APPELS	of the tolla start Ala
reary 1 11 stockers & every	in involution of



2411 N. Charles Street, Baltimore

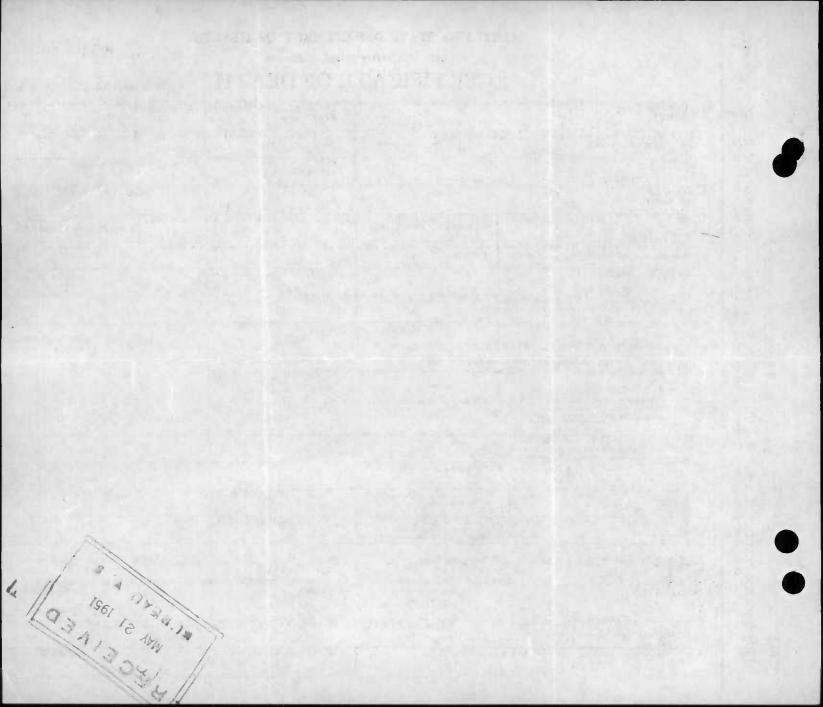
CERTIFICATE OF DEATH

05073

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.
PRINCE GEORGES, MARYLAND	Manuland YEINGO GEORGE
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Chewier (in this place)	TOWN HCCOKEEK
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS PRINCE GEORGE GEN- HOS	DADDRESS RLI BOX 156
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Buby.	CRUMP DEATH May 1> 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs
Female 6. WIDOWED, DIVORCED, (Specify)	11 May 51 1 day yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Manulaind Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James R. Crump	Helen Jeffreies.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Make claused here	ukahl.
Infinediate tause	
/60,5 Antecedent cause(s)	
Diseases or conditions, if any, (b)	**************************************
600 stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🖸
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m, Work At work	
	· —
22. I hereby certify that I attended the deceased from	, 19.5/., to
M - '	3/0
alive on 19.5, and that death occurred at 19.5 (Degree or title)	ADDRESS DATE SIGNED
SIGNATURAL OF THE STREET OF TH	O A LA L
Thomas H. (The Burker Wed)	College /only ked 5/12/01
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
Prema lean 5/14/5/ Smee San	co ten Hosp Cheverly ond
DATE REC'D BY LOCAL RECHSTRAR'S SIGNATURE	PA. FUNERAL DIRECTOR) ADDRESS
REG. 5/17/51 Umanda Doursey	xarry Wtenn ()
205111 2114 282	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05074 Reg. Dist. No. 23 2

I. PLACE OF DEATH- COUNTY Prince Georges!		2. USUAL RESIDENCE (ED. COUNTY	
	IARYLAND NGTH OF STAY	CITY (If outside corpor		AT and discount	. Geo.
OR give nearest town) (Mitchellville b	(in this place)	OR _	(Mitchelly	1	est town)
HOSPITAL OR	yrs.	TOWN Rural	(If rural, give l		
INSTITUTION OR STREET ADDRESS		ADDRESS	(21 10301, 8.10	ocation)	
3. NAME OF (First) (Mide	dle	(Last)	OF	lonth) (Day	
(Type or Print)	ler	hleale	DEATH 0		1951
5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWEI	MARRIED, DIVORCED, Married	8. DATE OF BIRTH	9. AGE iast birthday	If under 1 year Months Days	If under 24 hrs.
Female Colored (Specify)	OF BUSINESS OR	Jan 22,1917	34 ym.		
done during most of working life, even if retired) HOUSEWLIE Dome st.	enant	Mary land	or foreign country)	COUNT	IZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Robert Shorter		Sahra Savo	Y		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITY No.	17. INFORMANT AND	ADDRESS Sal	ra Shor	ter
(Yearno, or unknown) (If yes, give war or dates of service)		(Mother) Upp	er Marlbor	o. Md.	
	18. MEDICAL CE				
I. DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH			INTE	ERVAL BETWEEN
122	-1)	12.6
Immediate cause (a) - 1. Negu	hour !	urtrallosis	**********************		unc.
Antecedent cause(s)	Pola	Tho			1. 6
Diseases or conditions, if any, (b)	1) acons	nan / AC	å ####################################		ruft
stating the underlying cause last					
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION			20.	AUTOPSY1
				Ye	No E
21. ACCIDENT (Specify) PLACE (Home, far OF office bldg., HOMICIDE INJURY	rm, factory, street, etc.)	(CITY OR	rown) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OF While at Work	Not While	HOW DID INJURY OC	CUR?		
	22 -/	· · · · · · · ·	1		
22. I hereby certify that I attended the deceased	from 1.30/M	, 1951, to 2.1/10	7.9, 19.5.1., that	I last saw th	ne deceased
alive on 23 Off, 195/, and that deat	h occurred at	m from the	causes and on the	data stated	above
SIGNATURE) (Deg	ree or title)	ADDRESS	/ Causes and on the		TE SIGNED
My classes mo	2	John Marlb	ord and	34	man 51
DEMOVAT (Specific)	//		LOCATION (City, tow	n, or county)	(State)
renoval 19/3/24		ard of Md.	Baltimore		Md.
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	1 . +	24. FUNERAL DIRECTO		AD	DRESS
100 3.195) 1 Christ Ve	much	Ritchie Bros	Inner W	milham	ALT 2
				vanato.	

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correct age

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05075

CERTIFICATE OF DEATH

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		20	4
Dist.	NI.	14	7 0
Disc.	140		

CERTIFICA	TE OF DEATH Reg, Dist. No.
City or town (If outside city or town limits, write RURAL and give nearest town) flow long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or lown (if outside city nr town limits, write RURAL and givn nearest town) Street No. #3
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Oliver Diller	3. (b) Social Security Number 2.62-14-36
4. Sex 5. Color or race S.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE DE DEATH WAY 25 19.5.1 at 10.55
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. 19. 5. 0. 10. 11. 11. 11. 11. 11. 11. 11. 11.
8. AGE: Years Months Days If less than one day Months Mo	Immediato cause of death DURATION In. Survey Of Survey
9. Birthplace	Due to
11. Industry or business 12. Name Thomas Life Seath	Diher conditions Persisioners amaleure 3 44
14. Maiden name Odd Mulliams 15. Birthplace Oallemore, Nel.	(Include pregnancy within 3 months of death) Major findings of operations. The state of the sta
18. Informant Many Days	Antopsy results
17 Barial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Location Canal	Where did injury occur?
18. Funeral director Address 3200 - R. D. Que, Mt Jaines	ie 4/1 m H. Troiton
19 May 28 1951 Mrs. Jas Severe	3827-349+

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05076

1. PLACE OF DEATH- COUNTY LENGTH MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY /2.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
	TOWN Soat Pleasant, mary land
HOSPITAL OR INSTITUTION OR Pine Ja. Gen Mosp	STREET (If rural, give pocation)
3. NAME OF (First) (Adiddle)	(Last) 4. DATE (Month) (Day) (Year
(Type or Print)	Two drey DEATH May 29, 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	5. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 h Months Days Hours Mit
done daming most of working life, every it redired. Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) service) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a) Cerebral 2h	
Immediate cause (a)Cultural sun	Suntre
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	cardor-resular
13/a status the underlying cause issue	citas Parano
It. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 1/24/5	, 1957, to 5/29, that I last saw the deceased
alive on, 19, and that death occurred at SIGNATURE: (Degree or title)	ADDRESS nom the causes and on the date stated above. DATE SIGNED
Wolliam Branum yo	612 & Central Ane, Capital Hydre Med 1/29/
27. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	CRY OR OREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
5-30-51 Jumanda Downey	He William dees Sons Co.
	1/200 - da 4/2 200 & 1/0 C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

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				*	11	-5	
g.	Dist.	No					

564246

1	FOR MEDICA	L DAANTINETES Reg. Dist. N	Dec
	I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	v **
1	MARYLAND MARYLAND		All CA
1	CITE (If outside corposite limits write RURAL and LENGTH OF STAY OR give nearest town)	OR CITY (If outside corporate limits, write RURAL and gi	neagest town)
I	HOSPITAL OR	STREET (If u ai give io ation)	-
l	INSTITUTION OR Cartinodane & Frantishin &.	ADDRESS 25-4 9 (ngs. M. E	
l	3. NAME OF DECEASED (First) (Middle)	CO(Mat) . LA 4. DATE (Month)	(Day) (Year)
l	(Type or Print) unge andake	THOU DEATH May	29 1951
l	Male Color of RACE 7. SINGLE, MARRIED, WIDOWED SHORCED, (Speelly) Surrough	8. DATE OF BIRTH 9. AGE last birthday It under Months yrs.	I year If under 24 hrs. Days Hours Min.
ı	100 USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR done during monoid working life, even if retired)	II. BIRTHPLACE (State or foreign country)	COUNTRY?
ł	James Mouse)	Washington Je	Sounding.
١	Les Ge Devey Chiatt	Julia W. Salen	
l	15 WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (No. no, or unknown) (If yes, give wat or dates of	17 INFORMANT O 11 TO	· 1
ı	iservice) 17/7-2 - 186 7	I forward E. Jenou - Dro. 1	n l'aux
	18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
l	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Approx.	ONSET AND DEATH
l	Immediate cause (a) Cranhyfi	á	
I	973/1		1 1000 as as as as 100000 medicine six san as
l	Antecedent cause(s) Diseases or conditions, if any, (b)	motide porsoning	
1	163 M stating the underlying cause last		1 53 5
	(r) Crutomobil	(Suicide - 6-26-51 -	ams)
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
l	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
ı	Date of organization		
l	21, EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street	(COUNTY	Yes No No (STATE)
1	CAUSE OF DEATH. OF office lik. etc.	Seabook - Pranci George	s. md
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR? Hose complete	of to eshaud
ŀ	INJURY 5-29-50 Am. work at work	and led then undowning out . Cin	to running
ŀ	22. I certify that I took charge of the remains described above, held an	Autonsu . Inspection . Inquiry & thereon and	from the evidence
1	obtained by said Autopsy, Inspection or Inquiry, find that said dec	eased died on the dry stated above, and death in my	opinion resulted
۱	from: natural causes , accident , suicide , homicide SIGNATURE (Degree or title)	, undetermined □. ADDRESS	DATE SIGNED
-		10, c/ / / H M.	
	John D. Malony, M.D. Ven. Mig	1. Man. Meverly- gyallowll	Na 5-29-51
	REMOVAL (Specify) 5/29/195/	ERY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
1	DATE REC'D BY LOCAL RECASTRAR'S SIGNATURE	24 JUNEBAL DIRECTOR	ADDRESS
	REG. 5/3,9 Emanda A Dune	W. W. Chambers Co S,	7-11-st&6
ani.	1/10000 11:11		

correct age

Supply every item of information write the causes of death clearly an

WITH UNFADING INK.

PLEASE WRITE PLAINLY, WITH U is especially important.

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BUTEAU 7. S.

2411 N. Charles Street, Baltimore

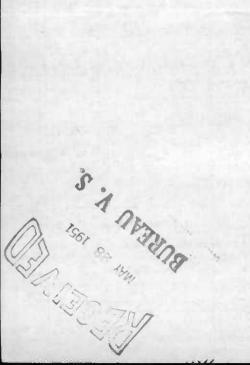
05078

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.	0
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY PRINCE GEVEGES MARYLAND	STATE MODI	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		ICE DEVREGES
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and OR GIVE STAY (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5407 GALLATIN 57.	STREET (If rural, give location)	
	5407 GALLATIN 37	
3. NAME OF (First) (Middle) DECEASED (Type or Print) JUANITA JEANNE	(Last) 4. DATE (Month) OF DEATH MAY	(Day) (Year) 23 19-5/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY TORMOTOR TOR	NAPOLEON, OHIO	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 -,00
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MINA JANE WHITE	
(Yes, no, a tinknown) (If year, give was or dates of 578-38-4543	17. INFORMANT AND ADDRESS DENZEL L. EMPSON - 5407 GA	4ATM 57
18. MEDICAL CER	Roberts	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Garcinoma of	Cervic Uteri (Known)	1
1718	**************************************	
Antecedent cause(s) Diseases or conditions, if any, (b) — — — — — — — — — — — — — — — — — — —	to the lungs (Known)	(as at the
giving rise to the above cause	expectoraged from lune	
*** OFFICIE SEGMENT COMPTITORS	by pethologist)	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	, ,	20. AUTOPSY?
	izgnored czrcinomi	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY — m. While at Not While Work At work	Total decore	
22. I hereby certify that I attended the deceased from. June 1	2, 1950 to May 23, 195/ that I last sa	w the deceased
alive on May 21, 195/, and that death occurred at /	' 45P	w the deceased
SIGNATURE (Degree or title)	ADDRESS	ted above. DATE SIGNED
Waland W. Sitson, M.D. 241	7.01	Vashington 20
HURTHE VIAY 4 /1731 WASHINGTON	Y OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. May 241951 mo. Jas Severe Hely	W. W. CHIMBERS Co KI	ERDALE MA
(Qoca	NL 3	111

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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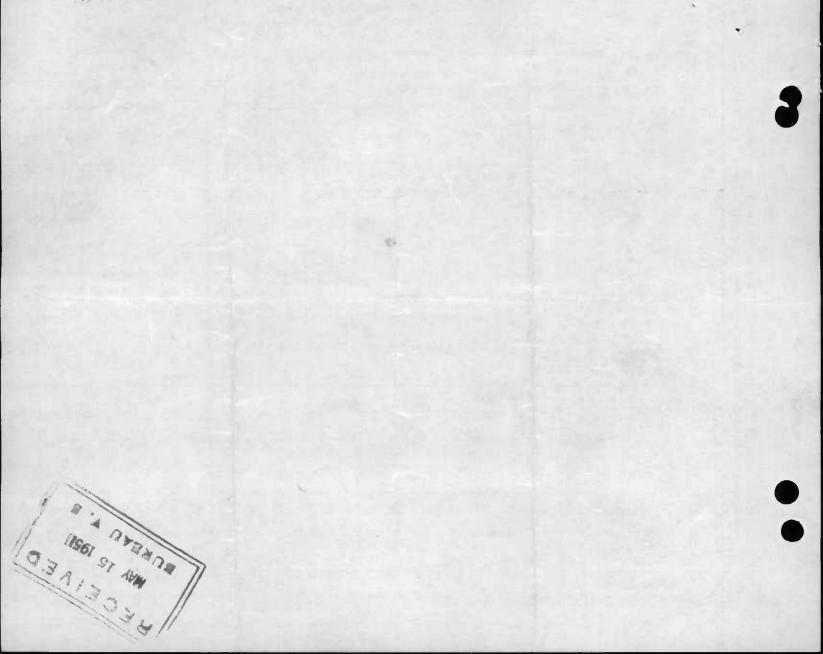
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05679

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY BURGE STAND	2. USUAL RESIDENCE (HOME) OF DECEASED CO	UNTY Frince &
CITY (If outside corporate limits, write RUPAL and LENGTH OF ST OR give nearest took) TOWN (in this place)	OR	nd give nearest town)
HOSPITAL OR INSTITUTION OR G502 - agerad	STREET ADDRESS 6502-Cau Ad	on)
3. NAME OF (First) (Middle) (Type or Print)	Er/er ADATE (Month OF DEATH 5	, ,,
6. SHX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCE (Specify) Thank	100 117 11899 0 9rs.	onths Days If under 24 hrs Hours Min.
done during most of working life evon if retired) INDUSTRY	or 11/BIRTHDEACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME John Fernekin	14. MOTHER'S MAIDEN NAME Jerly	na:
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give war or dates of service)	o. 17. INFORMANT AND ADDRESS 660	agerad
18. MEDICAL I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH *	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cardiae	- Faeline	12 his
7 5 X Antecedent cause(s) Diseases or conditions, if any, (b) Baroinous	klosi	410
giving rise to the above cause ast stating the underlying cause last (c) Carcinom	e of it, ovary	3415.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	line	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO	nt ovan	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str. OF office bldg., etc.) INJURY	reet, (CITY R TOWN) (COU	NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1979, to Hay 11, 1957, that I le	
alive on 195, and that death occurred a	at 2 A.m., from the causes and on the da	te stated above.
Effactionback, MD	1007- L St. Men	5/11/51
REMOVAL (Specify) 5/4/51 tack Le	in coln control (Clay, town, or	ior hid
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE REG. May 13"1951 Mrs. Jas. Devere & White	La Pallings Teneral	Home Inc.
A doday	15 200 - 18. J. ans not	River Mix



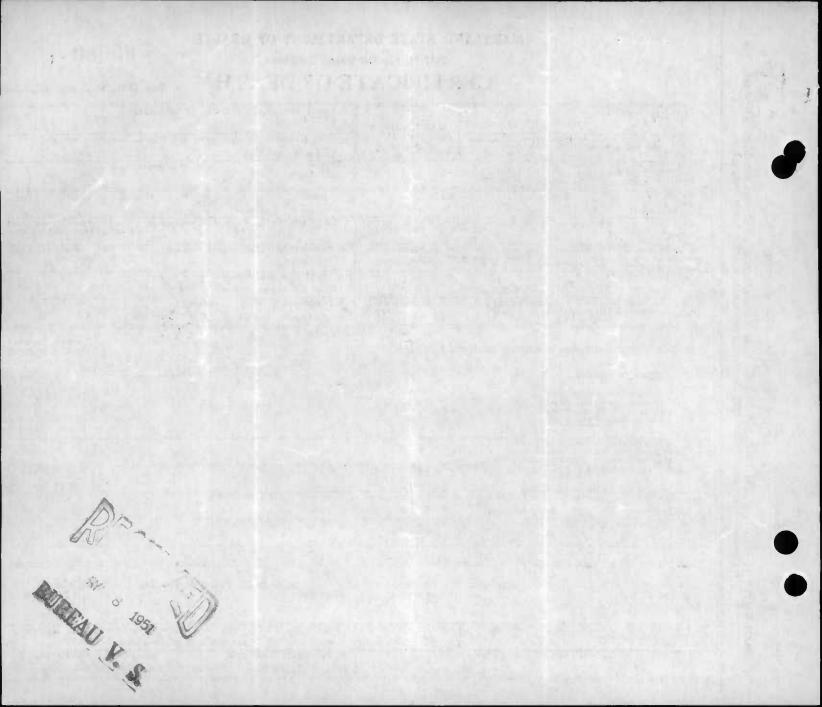
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05080

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	0 0
COUNTY Prince Long & MARYLAND	STATE Mary Dand COUNTY	Te. Clas
	CITY (If outside corporate limits, write RURAL and give	Descreet Marn)
OR give mean at Kown) A (in this place)	OR (.00-)	- 1
TOWN C POSSELLY, 11/4. 10 MW.		md,
HOSPITAL OR INSTITUTION OR P	STREET (If rural/give location)	0
STREET ADDRESS Junce Co. Con. Moge.	Grev Tield	Dura
3. NAME OF (First) (Middle)	C (Last) 4. BATE (Month)	(Day) (Year)
DECEASED		
(Type or Print)		4 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 Months	Days Hours Min.
m (Specify)	Sept. 29, 1884 66 yrs. Months	Days Hous Min.
10a. USUAL OCCUPATIO (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
Returned of working life, even il retired) From farm	me 9	A NATION
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
The server of Source all	Jellin Jalket	
200 rom of crospicis	accordant care in	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) [(If yes, the war or dates of	17. INPORMANT AND ADDRESS	7. h.
service)	Calherine Exerfeld college 74	120 . 14
18. MEDICAL CER	RTIFICATION	
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Va	ONSET AND DEATH
thema.	fevere recovery	
Immediate cause (a)		1000 00 1 1 PR 00 00 00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Antocodont conco(a) As to Y	1. 4. 40 10.	10 11 -
Antecedent cause (s) Diseases or conditions, if any, (b)	natur Russema	10 MOS
giving rise to the above cause	**************************************	
74 at stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2001 2011 201 201 201 201 201 201 201 20		
I DY LOD (W	(OVERV OR MONTH)	Yes No O
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
INJURI III. I WOLK [] At WOLK []	1000	
22. I hereby certify that I attended the deceased from Jan	194, to 195, that I last sa	w the descend
22. I hereby certain that I attended the deceased from	19. , to, 19. , that I last sa	w the deceased
alive on 195, and that death occurred at	9m., from the causes and on the date sta	ted shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(A) The Third Th	CA000 - 1	dal
Wh. come W. 1.	and my	5/1/5/
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOGATION (City town or county	(State)
Beremoyal (Specify) 5/7/5/		had.
ourise 17/1/1 1st james		7000
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. JUNERALCOIRECTOR	ADDRESS
REG. 5/1/5-1 Amonda Dourse	of Beachersons Malland	MINI.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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VS. A15

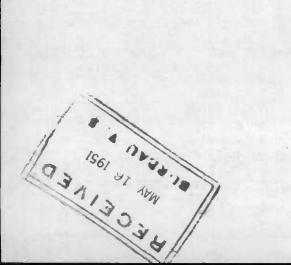
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05081 Reg. Dist. No. 243

1. PLACE OF DEATH.		2. USUAL RESIDENCE	HOME) OF DECEASED.	m16
COUNTY Prince Georges	MARYLAND	STATE D. C.	COUNT	LX
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN Glenn Dale (rural)	(in this place)	OR Washi	rate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sa	and 13 days		(If rural, give location) Mass. Ave., S. H	3 •
3. NAME OF DECRASED (Type or Print) Countil	(Middle) Bell	Feeling	4. DATE (Month) OF DEATH May	(Day) (Year) 8 195/
Female 6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH	9. AGE last hirthday If under Months	r l year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR	McBean, Ga.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDER	NAME	
Jacob Feeling		Beatrice Wil		
15. WAS DECRASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates	None	Decedent		
	18. MEDICAL CE	CRTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate cause (a)		Taber	eulous meningitis	5 Month's
Antecedent cause(s) Diseases or conditions, if any, (b)	Pulmonary tu	bereulosis	# * * * * * * * * * * * * * * * * * * *	38 Month
giving rise to the above cause stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.			
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
				Yes No Z
21. ACCIDENT (Specify) PLA SUICIDE HOMICIDE INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?	
22. I hereby certify that I attended th	he deceased from $3/22$, 1948, to 5/8	, 19.5/, that I last	saw the deceased
alive on 5/8, an SIGNATURE	nd that death occurred at	b m., from the	e causes and on the date s	
Daniel Reo Fine	care M. D.	Glenn	Dale, Md.	5/9/51
23. BURIAL CHEMATION DATE THERE REMOVAL (Specify) 5/9/.	51		LOCATION (City, town, or cou	DC.
DATE REC'D'BY LOCAL REGISTRAR'S	SIGNATURE PL WUSS	John J.	Tewart, 30 H.	ADDRESS SP-11. E,
		0		



CERTIFICAT	E OF DEATH Reg. Dist. No	242
I. PLACE OF DEATH. TOUNTY PTINGS GEOTES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place) TOWN LATER TOWN L	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 507- Uniquin A	Lue. S. E.
3. NAME OF (First) (Middle) Cype or Print) Cornell Co	(Last) 4. DATE (Month) OF DEATH OF DEATH	(Day) (Year) 19 5
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months 4 5 yrs. If under Months	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done duries most of working life, even if retired) INDOSTRY Family	charlottsville, Va	COUNTRY?
13. FATHER'S NAME Cecil White	14. MOTHER'S MAIDEN NAME Tette White	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	David White (1	3rother)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Pulmonary	Atelectasis	30 MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	+ Lower Lobe Phenmonia	y day
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
	2, 1951., to Man 13 1951., that I last se	aw the deceased
alive on 13 19.51, and that death occurred at		ated above. DATE SIGNED
	319- DIVISION AVE N.F. RY OR CREMATORY LOCATION (City/town, or count	5/13/5/ (State)
DATE REC'D BY LOCAL BPGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	D.C.
may 14-1951 Carrie J. Campbell	Maluan + Schlyme, 424	-RSt. NW
	720826 Wa	Shi, D.C.

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15.



MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTYO .	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	٠ ٨
MARYLAND	maryland.	une slage.
OR give nearest town) TOWN CITY (If outside corporate limits write RURAL and LENGTH OF STAY (in this place)	OR OR POGE HEIGHT	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5006 - 56 - avenue.	STREET ADDRESS 5006 - 56 - Curline	
3. NAME OF (First) DECEASED (Type or Print) MINNIE (Middle) FLAH	FERTY 4. DATE (Month) OF DEATH MAY	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
7 White Specify wed aved	untrown. 84 yrs. Months	Days Hours Min.
100 LISTIAL OCCUPATION (Give kind of work) 10h. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
Kelind. H. P. O. Boulument.	WASH. RC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	3
(Yes, no, or unknown) (If yes, give war or dates of service)	andrew Hlaherty . S	on
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	ONSET AND DEATH
Immediate cause (a) donte cardio	a facture	1 day
442X Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c)	ar-revol disease	5 grs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
NONE	<u> </u>	Yes No Z
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE HOMICID	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/14	1945, to 5/1, 1951, that I last s	aw the deceased
alive on, 1957, and that death occurred at	ADDRESS , from the causes and on the date sta	ted above.
Coll. Hosworth ly. S. 811-	-8-N.E 5/1	51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) May 32/51 M. Cle	net Camely Wash. Of	
PATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE REG / 1957 - Januar X LVCU	J. F. Corptello. War	L-D-G.
	1772 as Acrital Co	111/1/01/

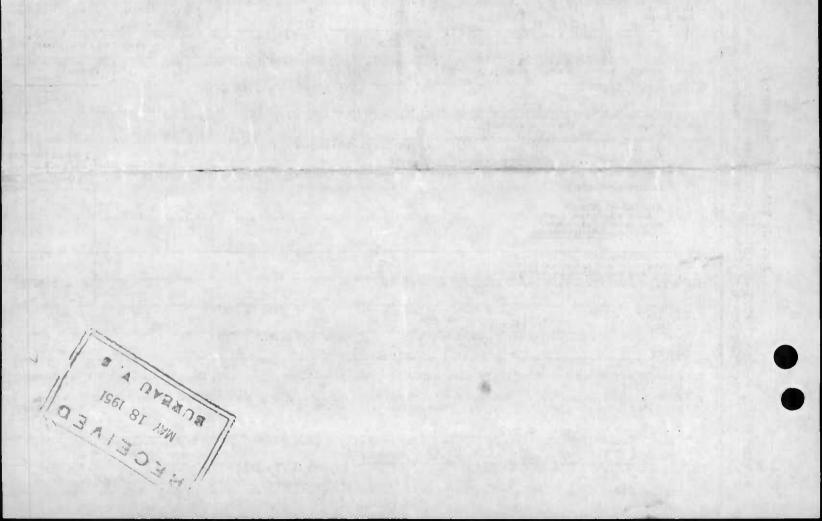


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2/1

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Prince Gorge MARYLAND	STATE OL COUNTY	Gontag
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	660rae
OR give nearest town) (in this place)	OR - '	e nearest count)
TOWN RIVER date 3 anus	TOWN NUMBER OF TOWN	-
HOSPITAL OR INSTITUTION OR I I DO	STREET (If rural, give location)	
STREET ADDRESS Le and Memorial HOSP.	ADDRESS 4415 - Oliver St.	
3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month)	(Day) (Year)
DECEASED	T OF	(Day) (Tear)
(Type or Print) Honza Itewar	TOTA DEATH May	16 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		year If under 24 hrs.
Middle WIDOWED, DIVORCED, (Specify) widowed	Hune 27 1872 78 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired)		COUNTRY?
Pariter Telise	Kockbridge Va.	17-2.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
howes h. ford.	Dusan P. Hewart	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs Anita Bayle (Niece) 6313 1/2 Edmindston Rd. K	2 lb mad
		verde ind.
18. MEDICAL CE	KIIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
h. h	1 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mda
Immediate cause (a)	Incumous	3 /04
// Antonidant sames(s)		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	+	40.40.40.40
10 7 stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
198, DATE OF GIRMITTON		av. AUIUISII
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 5 /2_	, 195/, to 5-/6, 195/, that I last as	m Aba Jasan 1
22. I hereby certify that I attended the deceased from J	and a company to the state as	w the deceased
alive on	5 2 m. from the causes and on the date ste	tad about
alive on	ADDRESS	DATE SIGNED
SIGNATURE (Degree of victe)	The Man	DATE SIGNED
		7 . 7. / 4
I im am ham min	NUMALICA MUM	7777
Jun am Hay M. P.	Hyansmen , "	0.10-0
	RY OR CRESATORY LOCATION City, town for count	y) // State)
	RYOR CRESTORY LOCATION City, townfor count	y) A Estate)
REMOVAL Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	RYOR CREENTORY LOCATION City, town for count washington	y) A State) (MODRESS
23 FURIAL CREMATION DATE THE LEGF NAME OF CEMETER	RY OR CRESTATORY LOCATION City, townfor count washington 24. FURBRAL DIRECTOR 24. FURBRAL DIRECTOR 24. FURBRAL DIRECTOR	y) Le (State) MODRESS
REMOVAL Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	RY OR CREST TORY LOCATION City, townfor count washington 24. FURBRAL DIRECTOR Z. Coccle some Nightburg	y) Le State) ODRISS





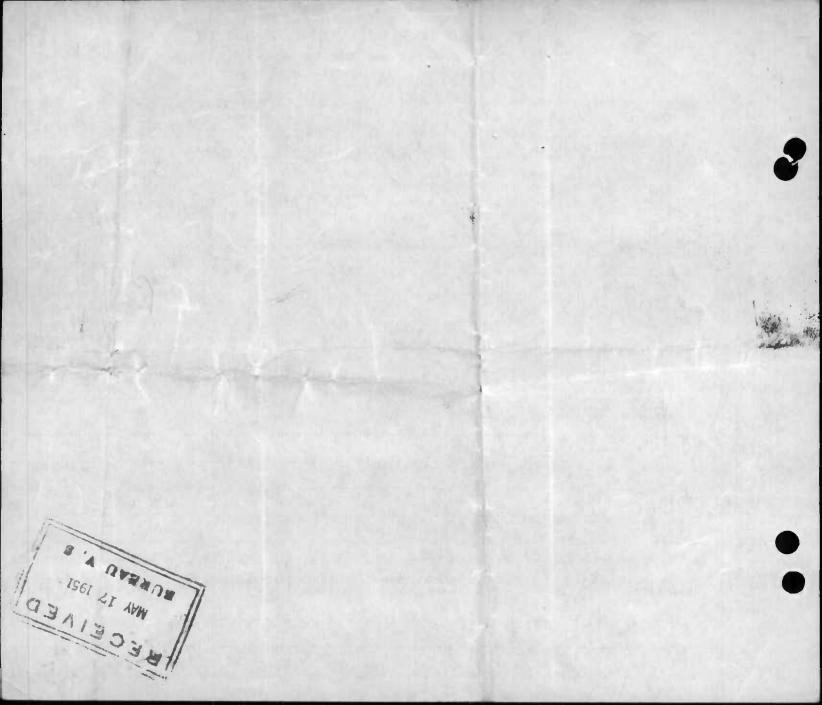
2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

05085

eg. Dist. No. 203/

1. PLACE OF DEATH. COUNTY STUNCE SLOTGE MARYLAND	2. USUAL PROPERCE (HOME) OF DECEASED. STATE That uffand & COUNTY Google
CITY (If outside corporate limits, fite RERAL and LENGTH OF STAY OR give new town)	CITY (If outside corporate limits, write RURAN and give cearest want OR TOWN Jalleville
HOSPITAL OR INSTITUTION OR Prince Georgie Logita	LADDRESS 4/14 (Illural rice location)
3. NAME OF DECEASED FOWARD ASHTON F	-VLLER OF DEATH MONTH (Day) (Year)
SEX 6. COLOD OR BACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify)	S. DATE OF BIRTH 9. AGE last birthday Wunder I year II under 24 hrs. 9/27/1887 3 yrs. Months Days Hours Min.
10s. USUAL OF CIPATION (Give kind of work downdring post of working life, even if retired) Industry warnes	Washington of Courty Courty A
13. Edward a, Tuller	mary Lough wells
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or date of service) W	mildred Fuller Hy allarely
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cicute Corox	my throubosis =
4201 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	endral Impartien
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No } \(\text{No } \text{\text{T}} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2 - 4	
alive on	ADDRESS. DATE SIGNED
REMOVAL (Specify)	RY OR OREMATORY LOCATION (City, town or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR Sons Hyalleville
51	29 mg



2411 N. Charles Street, Baltlmore

05086

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	STATED COUNTY
COUNTY PAINCE GROVES MARYLAND	Mayy land. Prince tract or 5
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN / UKTS VILLE (in this place)	TOWN HUMES VILLE
HOSPITAL OR	STREET ((If rural, give location)
INSTITUTION OR STREET ADDRESS She HITT RO	ADDRESS SACTIST Re
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF DEATH MGV (6. 195)
SET 16 COLOR OR RACE 17 SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE last birthday of under I year If under 24 hrs.
Male Colored WIDOWED, DIVORCED, (Specify) (Midows C	1874 77 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Industry	RIACE GONGESCO, Md. US.C.
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Green	ELSIE HAMILTON.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of service)	Miss Louise GLECN (develtes)
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
	1 11
Immediate cause (a) Lerebra	Hemorrhage 5 days
	A. ANTENIO-Scherosis ?
giving rise to the above cause 8 2 stating the underlying cause last	-
83a stating the underlying cause last (c) A205 Ta7	IS M.
IL OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
INDUST	Ama /
22. I hereby certify-that I attended the deceased from/	16, 19.4.7, to 1.4.4.4.19.1., that I last saw the deceased
	(1) 2 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
alive on 1.4	ADDRESS DATE SIGNED
SIGNATURE / (Degree of title)	4423- HUMT- PI. ME
dE Beldon M.D.	11656, NOTON-19-DC MAY 16 165
	ERY OR CREMATORY LOCATION (City, town, or county) / (State)
DEMOVAL (Specify)	Washington D. C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS ADDRESS
REGMANIE SI Cappie T. Campbell.	Robert G. McGuire 1820 9th St., N.W.
- 17 - 10 roll works of control of control	Washington, D. C.
	OUT A CI

1561 CG 16W

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. 1	No. 27-5
1. PLACE OF DEATH COUNTY CITY (If ontside corporate limits, write RURAL and OR glyddearest today) HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY (If outside corporate mittes, write RURAL and OR TOWN STREET (II rural, give location) ADDRESS 403 - 235 - 222	11/000
3. NAME OF DECKASED (First) (Middle) (Middle) (Type or Print) (First) (Middle) (Middle) (Auto- 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		(Day) (Year) // 19-5
10a. USUAL OCCUPATION (Give kind of work done during mest of working life, even if retired) 1. WINOUED, DIVORGED, (Specify) and done during mest of working life, even if retired LAPLIFIED.	May 12/883 67 yrs. (Month	B Days Hours Min. 12. CITIZEN OF WHAT
13. FATHER'S NAME 13. FATHER'S NAME 14. HORMANN	M. MOTHER'S MAIDEN NAME	COUNTRY?
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Henry / Halbert	e
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	spertement beart this end procuse	INTERVAL BETWEEN ONSET AND DEATE 15 M.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OFF office bldg., etc.) INJURY		Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OCCURRED While at Not While INJURY OCCURRED While at Not While INJURY	HOW DID INJURY OCCUR?	
alive on 10, 195 and that death occurred at	1937, town 10, 1951, that I last	



2411 N. Charles Street, Baltimore

70000

	CERTIFICAT	E OF DEATH	Reg. Dist. N	0.230
1. PLACE OF DEATH- COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (HOME) O STATE Maryland	F DECEASED COUNT	Y C
CITY (If outside corporate limits, write RUF OR give nearest town)Berwyn		CITY (If outside corporate limita, OR Berwyn	write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6203 Quebe	c Street	STREET (II	rural, give location) ec Street	
3. NAME OF (First) DECRASED (Type or Print) WILLIAM	EDWIN HAU	JGH (Last) 4. DAT OF DEA	Mor	(Day) (Year) 4th, 1953
Male COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE 3 3 3 3 3 3 3 3 3	st hirthday If under Months.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) CAY CLAKEY 13. FATHER'S NAME	10b. KIND OF BUSINESS OR	Montrel, Canada		2. CITIZEN OF WHAT COUNTRY? USA
William Haugh		14. MOTHER'S MAIDEN NAME Unknown		
15. Was DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If year, give war or dates pervice) NONE	of 578-07-5046	17. INFORMANT AND ADDRESS Alice Rolston, 40'	7 LeBaum S	
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)	LEADING TO DEATH	RTIFICATION	Washingt	INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	Bourle give (n incura		6-7 months
Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR				
21. ACCIDENT (Specify) PLA SUICIDE OF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR TOWN)	(COUNTY)	Yes No (STATE)
HOMICIDE INJUDY TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?		
	d that death occurred at		nd on the date sta	
21. BURDAL, CREMATION DATE RESPONDENCE SPECIAL MAY 19	1951 NAME OF CEMETER	NATIONAL SUITER	(City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S REG	u Demitte	W.W.Chambers Comp		ADDRESS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

PLEASE





2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY /_	STATE COUNTY
PRINCE GEORGES MARYLAND	Marculand Trince George.
CITY (If outside corporate limits, write RERAL and LENGTH OF STAY	CITY (If outside/corporate limits, write RURAL and give nearest town)
OR give nearest town) Cheverely (in this place)	TOWN Hyatts ville
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR PEINCE George Gen Hosp	ADDRESS 5203 Crittenden St
3. NAME OF (First) (Middie) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Heaved. DEATH May 1 1957
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If ander 1 year If under 24 hr
Female white WIDOWED, DIVORCED, (Specify) Married	Marc 11-1933 18 yrs. Months Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry 10b. Kind of Business or Industry 10c. Kind of Working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S MAME / // /	14. MOTHER'S MAIDEN NAME
Pharle & Ilulia	Treda Geterson
15. WAS DECRASED E OR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS /
(Yes, no, or unknown) (If yes, give war or dates of service)	Charles Thulin Hyatterelle Mil
No. of the second secon	A
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Change but low	to 9 // service
Immediate cause (a)	
Immediate cause 443 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	o theat Diseas.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
INJURI M. I WOIR At WOIR	
22. I hereby certify that I attended the deceased from 4-2	1949, to 5-/ 195/ that I last saw the deceased
	, , , , , , , , , , , , , , , , , , , ,
alive on 4. 19.51, and that death occurred at	
alive on	
alive on 4. 19. 5.1, and that death occurred at	
Cestot (e.D.	ADDRESS DATE SIGNED Hz attacle (ed 5 1.5)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (City, town of county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE MANUAL (Specify) May 3, 1951 Nock DATE REC'D BY LOCAL RECETTAR'S SIGNATURE	ADDRESS DATE SIGNED RY OF CREMATORY LOCATION (City, town of county) // (State)
23. BURIAL, CREMATION DATE PHEREOF NAME OF CEMETE PREMOVAL (Specily) may 3, 1951 Kock	ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (City, town of county) (State)



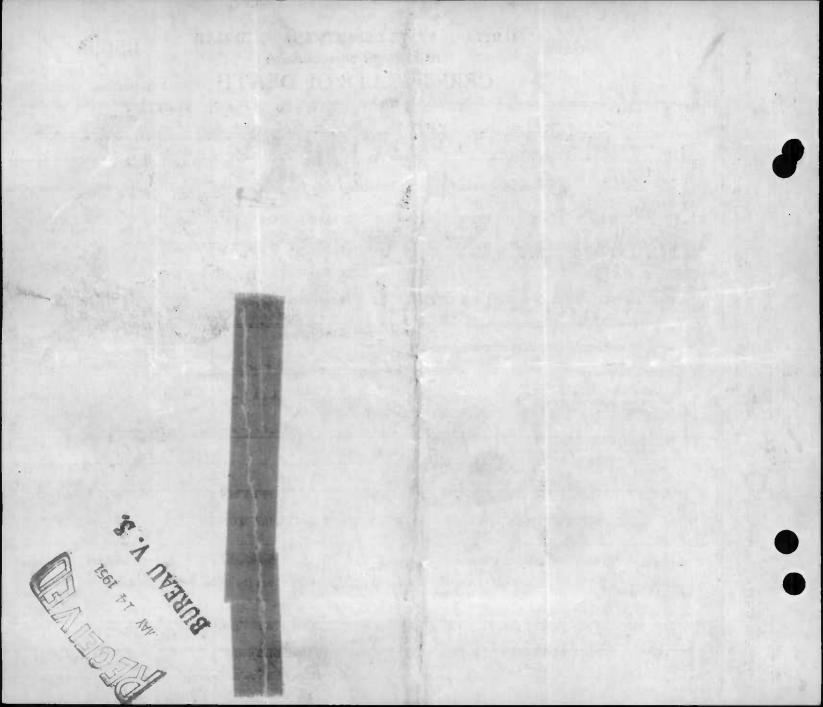
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05030

Reg. Dist. No. 23/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY PRINCE GEORGE MARYLAND	MARUland PRINCE GroRGES
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town Cheuckly (in this place)	TOWN Bladenshung.
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS PRINCE GEORGE GEN. Nosp	ADDRESS 4404-54MP1.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Emmi	17611 DEATH May 10 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
Female W . WIDOWED, DIVORCED, (Specify) makered.	11-13-76 74 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME / O O	14. MOTHER'S MAIDEN NAME
Charles Englion	coa Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes give war or dates of lervice)	ShuTtell Bladenshing My
18. MEDICAL CE	RTIFICATION
	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	5500 500 500
Immediate cause (a) Cerebral - Vision	cular accident I will
Antecedent cause(s)	in a sound
743 X Diseases or conditions, if any, (b) With Close	is generalized 1 year , week
93 d stating the underlying cause last A cutte Chole	cy steles 1 well
(c) Hyplitens	en cardiovasculas desen , year
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
138. DAID OF OTBIANTION	Yes No No
21 ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
0.4	02 3 10 10
22. I hereby certify that I attended the deceased from Dot	19.50, to head, 19.5/, that I last saw the deceased
alive on Tucy 9, 19.5%, and that death occurred at	100
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
Binjamin	Aft mt Raemer md. 5.10.51
23. BURIAL GRENATION DATE THEREOF NAME OF CEMETE	t mich Michigan
DATE MEC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIVECTOR ADDRESS
REG /11/51 amanda Druney	I Bascha come Hyallentes me



2411 N. Charles Street, Baltimore

05091

CERTIFICAT	E OF DEATH Reg. Dist. N	. 230
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince Georges MARYLAND	I STATE Manufland COUNT	Y
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	e Georges
TOWN Berwyn	Town Berwyn	,
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4912 Erie Street	STREET ADDRESS 4912 Erie Street	
(-)	STETTER 4. DATE (Month) OF DEATH May 6t	(Day) (Year) h, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under	
Female COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) WILDOWED	1 60 . 1 / 18 / 3 / 78 Months.	Days Hours Min.
done during most of vorking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY At home	Rock Bridge County, Va.	COUNTRY? USA
IS. FATHER'S NAME Hartigan	14. MOTHER'S MAIDEN NAME Fitzpatrick	
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yea, no or unknown) (If year, rive war or dates of none nor marries) 10010	17. INFORMANT AND ADDRESS	rie St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	your dite	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	and thent	
Diseases or conditions, if any, (b)	1/5000)	Dyn
93 desiring rise to the above cause stating the underlying cause last	Crean	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	no Dipan	7
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from NOU		
alive on, 19 and that death occurred at	ADDRESS , from the causes and on the date sta	ted above.
sof cheme (4,)	· College /ark h	d 5/2/5
23. BURIAL, CREMATION DATE REMOVAL (Specify) May 7,1951 NAME OF CEMETER Unknown	Y OR CREMATORY LOCATION (City, town, of counts of Collierstown, V	irginia (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 EUNEDAY DIDUGMOS	ADDRESS Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



The coffeet age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05092

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eg. Dist. No. 2 34.

	Reg. Dist.	NO.
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
PRINCE GEORGE MARYLAND	STATE COUNTY	TY u
CITY (If outside corporate limits, write RIRAL, all LIENCTH OF CTAV	CITY (If outside corporate limits, write RURAL and	14. Jeo. Co
TOWN Gulerard Neight (in this place)	TOWN BALL COME OF THE STATE OF	town)
HOSPITAL OR	STREET (If rura) give leastion)	ghis
INSTITUTION OR STREET ADDRESS	ADDRESS 11 P 1	4
3. NAME OF (First) (Middle)	4801- Elles 5	
DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
Type or Print) (HKL) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	CLIEN DEATH MAY	19 1951
WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under Month	r 1 year II under 24 hrs.
(Specify) manual	Just 1 / 1 / 1 Vra	s. Days Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME Purky Haw	u hashington of	COUNTRY?
C. R. A. I. C.	14. MOTHER'S MAIDEN NAME	
Marles Miller	monni Terch	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	101- 500
mervice)	marie R. Hulie - (W. 10)	CTick
		- June
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a) CEREBRAL H	EMORRHAGE	7 hours
Antecedent cause(s)		
Diseases or conditions, if any, (b) MALIGLANT H	YPERTENSION	3 Years
93 d giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. Hyperfequence 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	heart deserve	1
138. DATE OF OPERATION 130. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
OI ACCENTAGE (O. II.)		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY		(
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
00 T1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
22. I hereby certify that I attended the deceased from	., 19.4.7., to M.A.Y. 1.9., 19.5./, that I last :	aw the deceased
alive on	734	
SIGNATURE (Degree or title)	ADDRESS	ated above.
E LOD 1		DATE SIGNED
arnes Co. Cornelsen mb 44	TO Bowen Rd. S.E. 11 has De	5/16/51
23. BURIAL, CREMATION DATE NAME OF CEMETER	Y-OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Curial mars 21-51 Godas de	ellanton d'in	Care On Co
DATE REC'D BY LOCAL REGIST AR'S SIGNATURE	24. FUNERAL DIRACTOR	ADVIDENC
may 19-51 House of Beaco	P: 2007- L	· POPESS
A But and a second a second and	common was.	cholo and

BUREAU V. S.

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMN TY COUNTY Prince George's MARYLAND CITY (If outside corporate limits, write RURAL and CITY ist at to a refer to the state of the state of LENGTH OF STAY TOWN SUITIONA Trans1ent Washington TOWN HOSPITAL OR IN a yard at STREET ADDRESS Carry Homes STREET (af rural, give location) ADDRESS Second Street 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) Harry Jett DEATH 7. SINGLE, MARRIED, WIDS TIP DEFORCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 bra | Months | Days | Hours | Min. Colored Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) InduGeneral Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bird Jett Sarah Williams 17. INFORMANT AND ADDRESS493 Cillinana Court 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. my unknown) (If yes. gl. Nor or dates of Thomas Jett Washington, D.C 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Acute congestive heart failure Immediate cause Antecedent cause(s) Cardiovascular renal disease Diseases or conditions, if any, giving rise to the above cause stating the underlying causa last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) PRIMARY OR CONTRIBUTING office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an AutopsyX, Inspection X Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes x, accident , suicide , homicide , undetermined . **BIGNATURE** (Degree or title) DATE SIGNED Forestville BURIAL, CREMATION (BEMOVAL) Specify) LOCATION (City, town, or county) ATE REC'D BY LOCAL

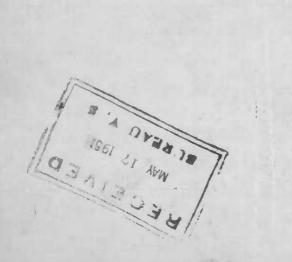
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on carefully.



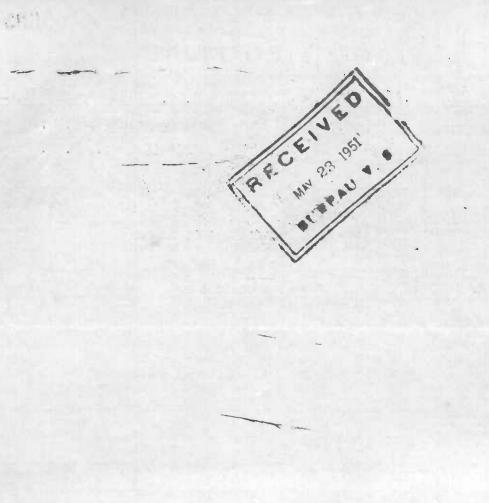
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05094

Reg. Dist. No. 243

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Prince Georges County MARYLAND	STATE D. C. COUNTY	- 3600
Prince Georges County MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) Dale (rural) 4 mgs., and	Town Washington	
HOSPITAL OR 20 days.	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	ADDRESS 1228 15th St., N. W.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED \mathcal{SETER} (Type or Print)	KOLL OF DEATH 5	16 1951
6. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under 1	year If under 24 hrs.
Male White WIDOWED. DIVORCED. (Specify) Separated	6/20/1896 54 yrs. Months	Days Hours Min.
TOTAL OCCUPATION (Circ hind of most 10h King out Recogning on	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Fenton,	Rhineland, Germany	OUNTERNOWN
13. FATHER'S NAME Washington, D.C.	14. MOTHER'S MAIDEN NAME	
Peter Koll	Maria Hofgesang	
15. WAS DECRASED EVER IN U.S. ARMED FORCEST ! 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	Decedent	
NO service) 18, MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Toberentsio	
Immediate cause (a)	I where ent iso	6 mos
NOW.		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	*************************************
131- stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		- 4
12/18	, 1950, to 5/16, 1951, that I last se	
22. I hereby certify that I attended the deceased from	, 19.50., to, 19.50., that I last se	w the deceased
alive on 5/16, 1951, and that death occurred at	830 Pm. from the causes and on the date sta	ted above
SIGNATURE: (Degree or title)	ADDRESS Glenn Dale Sanatorium	DATE SIGNED
D. OP 0) WO		16/51
Hamelher Finelane The		, -
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(State)
1 1000	and type I wantelly m	VC
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 5/17/51 Web West	Transe 180 Finescare MN, X	Ken Hay
	10121 12 6	ma
	6701226	15 1



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MARYLAND STATE DEPARTMENT OF HEALTH

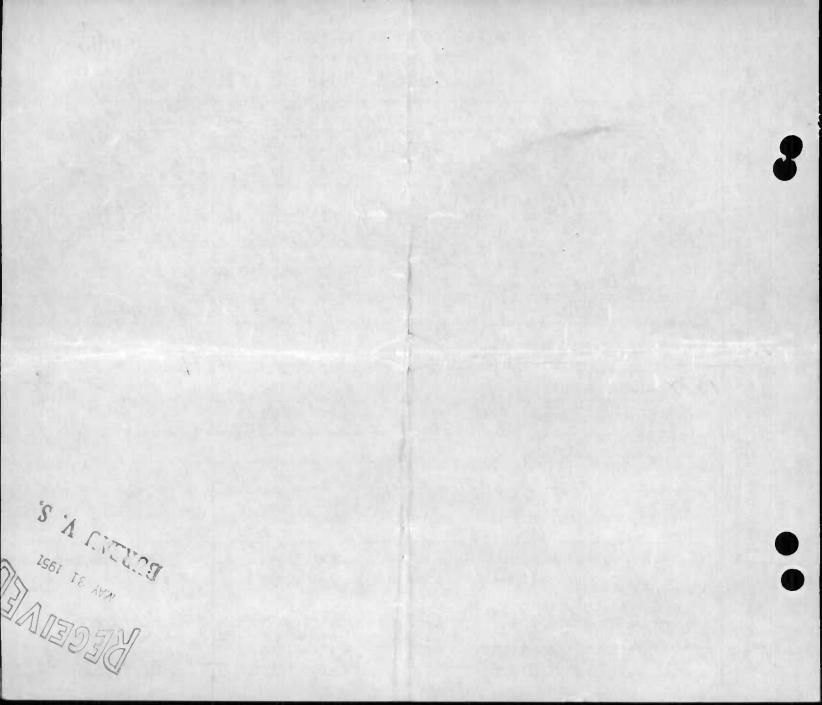
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05095

eg. Dist. No. 7 4/3

1. PLACE OF CATH. GOUNTY Truck Georges Co MARYLAND	2. USUAL ABSIDENCE (HOME) OF DECEASED CONTROL CONTROL	sedy)
CITY (If outside exporate finits, write RURAI and LENGTH OF STAY OR give neglection) and Length of STAY 3 (in his place)	CITY (If outside opporate limits, write BURAL and give OR TOWN	ve progress town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS lefence Nigheway	STREET ADDRESS Slefence Fighe	vay
3. NAME OF DECEASED ALBERT (Ariddle) RICHARD (Type or Print)	PAMER GROUND ZE	(Day) (Year)
SEX 6. COLOR OF RACE 7. SINGLE, MARRIED DIVORCED (Specify) THOUSE	S. DATE OF BIRTH 9. AGE last hirthday If under Months yrs.	l year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during nost of working hip, even if retired) 10b. Kind of Business or Industry INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY OF WHAT
13. FATHER'S NAME Scrames	Liftie Referbark	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, glv, war or dates of service)	Blanche J. Kramer Bowie	e and
18. MEDICAL CE	RTIFICATION 0	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1. 1.1	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Peule Clu	deal Delitation	1 day
442 Antecedent cause(s)	+ - 1 - 11 11	1
Diseases or conditions, if any, (b)	Feet hips shoulder	pro
stating the underlying cause last (c) Curthering	to Plu Part Duch	12 4
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	- Carrier pass of	12-11
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on	ADDRESS on, from the causes and on the date sta	ated above. DATE SIGNED
B Klarin mo		2-26-51
23. AURIAL, CREMATION DATE THEREOF LAXE OF SEMETE.	renetery Sovie his	5 /
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5 18-51 Aques 4. Jungling	L Landerson Hyalten	LE POREIS
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

05096

	L OF DEATH	
FOR MEDICA	L EXAMINERS	Reg. Dist. No. 7 4
I. PLACE OF DEATH-	II 2. USUAL RESIDENCE (HOME) OF D	
COUNTY HEAD DEA MARYLAND	STATE Waryland	COUNTY ES OF
CITY (If outside corporate limits, write WURAL and I LENGTH OF STAY	CITY (Il outside copporate limits, writ	a RURAL and give neares town)
TOWN Du Pout Height ma (In this place)	TOWN DU LONT HEI	olite-
INSTITUTION OR 467/0 Days ave.	STREET	l, give location)
STREET ADDRESS 1/10 Alice of 20 800	ADDRESS V. 674 DOLL L. GIN	Washington 20 De
3. NAME OF (First) (Middle)	(Last) 4. DATE	(Month) (Day) (Year
(Type or Print) Warsand Mills	EVNN DEATH	mayor 6 is
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		irthday K under 1 year If under 24 h
Few negro (Specify) Widowed	7/015 2-3 -5-5	yrs. Months Days Hours M
10a. USUAL OCCUPATION (Gire kind of work 10h. KIND OF BUSINESS OF	1 11. BIRTHPLACE (State or foreign count	
done during most of working the ven if retired. INDUSTRY	Prince georges Co.	All Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME	
John H Wille	quality	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	TALLY (LOS)
(Yes. no. or unknown) (If yes. give wer or dates of service) unknown	Cecelia Thornie -	
18. MEDICAL C		7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWE
	0 0	ONSEL AND DEA
Immediate cause (a) acute Paleno	ion lacena	
	1 - 11	
42 X Antecedent cause(s) Diseases or conditions, if any, (b) acute congents	me Heart Kularl	
giving rise to the above cause	The second secon	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
3/a stating the underlying cause last	0 2 19 -	
II. OTHER SIGNIFICANT CONDITIONS	an recep were	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
noue -		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY		(555111)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY 7000 m. work at work		
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec	Autopsy LInspection, Inquiry	thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dec	eased died on the dry stated above, and	death in my opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNE
3 222 7/4/11		DAIL SIGNED
Sauce Clair gatto let, Days, Coro	ner. Washington 19 De	May 6/951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (C	ity, town, or coupty) (State)
Durial may 7,1951 have do Me	morial Company Smith	I moules
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG 16/51 Timanda Dounes	Menny Swaplinton	2 Danlatan De

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PLEASE

VS. AIS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05097 Reg. Dist. No. 239

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Prince Lings MARYLAND	STATE md COUNTY Lange
CITY (If hotside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place) TOWN (2002)	OR TOWN O QUAR
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 6 10 9th 14	ADDRESS 6/0 9th St
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) HATTIE	MATTHEWS DEATH May 10 1961
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday III under 1 year II under 24 hrs. Nor 24 1892 Min.
10. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIR PIPLACE (State or loreign gountry) 12. CITIZEN OF WHAT
done during most of Korking life, even if retired) INDUSTRY	COUNTRY?
Threat House work from	1 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	1 7 13
Moses Mallheus	Wasa Jardner
75. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
Tail service) hose	Tunge Miller, 612 9th St dans
	DTM ELCATRON
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
-01 -5	61
Immediate cause (a) Stope	79.
1941	TO THE PERSON NO PROPERTY OF THE PERSON NO P
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	20. AUTOPSY?
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Y 6	Yes □ No □ (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.\$\(^2\), to \(^3\), that I last saw the deceased
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY Mork At work	Yes □ No □ (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.\$\(^2\), to \(^3\), that I last saw the deceased
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work 22. I hereby certify that I attended the deceased from 4 - 6 alive on 5 - 6 19. 7 , and that death occurred at SIGNATURE WM	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5./, to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) Wile at Not While Mork At work At work (Degree or title) 22. I hereby certify that I attended the deceased from SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE	HOW DID INJURY OCCUR? How Did Injury occur? How D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 22. I hereby certify that I attended the deceased from At work alive on 19.2.1, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE OF C	HOW DID INJURY OCCUR? DATE SIGNED TO SEE STATE OF STATE O
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) Work Not While m. Work At work 22. I hereby certify that I attended the deceased from At work alive on (Degree or title) SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5./, to
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 22. I hereby certify that I attended the deceased from At work alive on 19.2.1, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE OF C	HOW DID INJURY OCCUR? DATE SIGNED TO SEE STATE OF STATE O



CERTIFICATE OF DEATH

	FOR MEDICAL	L EXAMINERS		Reg. Dist. No)	
1. PLACE OF DEATH- COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE STATE Virgir	(HOME) OF DEC	COUNT	Y	
CITY (If outside corporate limits, write RU OR give nearest town) TOWN	RAL and LENGTH OF STAY Translent	CITY (If outside corporation of Town Alexand		RURAL and giv	re nearest to	wn)
HOSPITAL OR INSTITUTION OR •	E. of T. B.	STREET ADDRESS 912 S	(Tf minut.	give location)		1
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) W1111am		cClellan	OF DEATH	5	31	51
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DE RCED, (Span)	12/9/22	9. AGE last hirt 28	yrs. Months	Days Hou	ider 24 hru iru Min.
10a. USUAL OCCUPATION (Give kind of wordone during most of working life, even if netired	10b. KIND OF BUSINESS OR LINESS OR AIRFORCE	Clay, Al) 12	COUNTSY?	F WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME			
Marvin McClellan 15. Was Deceased Even In U.S. Anned Force	BS? 16. SOCIAL SECURITY NO.	Unknown	ADDRESS			
(Yes no. or unknown) (If yes, rive war of date	no!	U. S. A11		2 Second		
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 173 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	Total dismem	berment			ONSET AN	
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTO	
21. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF	ACE (Home, farm, factory, street, Jun 1972 by 1200 of d	ath T. B.		P. (No DE TE) Md.
injury 5 31 51 11mg	40Ark X at work	Airplane cr	rash			
22. I certify that I taak charge of the rem		Lutanau Imamedian	Y Inquiry	therean and	from the et	vidence
abtained by said Autopsy, Inspection from: natural causes , accident SIGNATURE	or inquiry, find that said dece	ased died on the day sta	ted above, and d	leath in my	apinian re DATE S 5/31/5	IGNED

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK.

AEF

The correct

VS. A15A

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U509:)
Reg. Dist. No.

I. PLACE OF DEATH. COUNTY Cruce Deorgic MARYLAND	2. USUAL DESIDENCE (HOME) OF DECEASED. STATE NO COUNTERS
CITY (If outside corporate limits, write RUFAL and LENGTH OF STAY OR give hearst tawns he (in this place)	CITY (If outside crops thinks, write FURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sargent Rd	STREET (If rural, give location) ADDRESS sargent
3. NAME OF DECEASED (Type or Print) STEPHEN-ALEXANDER	MILLER 4. DATE (Month) (Day) (Year)
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWEL, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE ast birthdey Wunder I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work doubturing most of working life, even if retired) Inpustry farm	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CHINTEN
stephen a. miller	14. MOTHERS MAIDEN, NAME adelard sonder
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give var or dates of service)	Thany I miller Chillim me
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
d - Ct - 6	T. 11 The Victory
Immediate cause (a) deile emig	- Ca Hash factor 1 day
11/2 1 4-to-order to-proc(s)	(1)
Antecedent cause(s) Diseases or conditions, if any, (b) Churcus Ways	cardial failure 100 us
giving rise to the above cause stating the underlying cause last	
(c) cause under	Conned
II OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing deeth.	414
	20. AUTOPSY?
40	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE 6 INJURY	V
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While et Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	9
alive on 4.0 11. 195 /, and that death occurred at 6	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
" Theo E. Lotimer	Hyatterille Mid
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR GRISMATORY LOCATION (City, town, execunty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
may 28 1957 ms. Jas Devero Social	F Gusche sons Hydlandons

BUREAU V. S.
MAY 31 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05100

Reg. Dist. No. 23/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PRINCE GEORGE MARYLAND	STATE Marculand Prince George
	CITY (If outside corporate limits, write RURAL and give nearest lown)
OR glvo nearest town) OR glvo nearest town) One were 4 OR glvo nearest town)	TOWN Riverdale
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS / RINCE GEO. GEN HOSP	ADDRESS 6029-Baltimore Blud.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Eugene JUNIOR	looke DEATH MAY 72 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hm Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry I	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THEODORE MOSRE	JESSIE MORGAN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or anthonown) (If yes, give, yer or dates of 235-/2-0978	JESSIE G. MODRE- 6029 BALTI. BUD, RIVORANCE M
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Glomo & a D. Se	O (By Rey Marie 2 may)
Immediate cause (a)	(continue out of moure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	genic Carcenony 6 month
47c stating the underlying cause last (c) Rf Cung.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
dec 10, 1950 Brownagerie Car	Cinous, Moperala Yes 17 No 17
21. ACCIDENT (Specify) PLACE (Home, Tarm, factory, street, OF office bldg., ctc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from Novel	, 19.J.O, to May 7, 19.J., that I last saw the deceased
74. 0 15	ADDRESS m., from the causes and on the date stated above.
Hannel Je Mugan ma 4300	Kaymand Drive metainier his 5/2/5
23. BURIAL, CREMATION DATE/THEREOF NAME OF CEMETER RESIDUAL (Specify)	(Supple)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNEBAL DIRECTOR ADDRESS
REG. 5/7/51 Amanda Dounes	W.W. CHAMBERS CO-RIVERPACE, MD

RECEIVED

WAY 10 1951

BUREAU V. S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05101

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY PRINCE GEORGE MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HYATT VILLE	CITY (If outside corporate limits, write RURAL and give OR TOWN WASHINGTON	re nearest town)
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR MUTHER JONES REST Home	8 / 0 /	NW Y
3. NAME OF (First) (Middle) DECEASED POLECULA ()	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	DEATH DEATH	4 1951
FEMALE WHITE Specify WIDOWED, Specify WIDOWED	8. DATE OF BIRTH APRIL 13,1867 9. AGE last birthday Months Months	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry INDUSTRY	11. BIRTHPLACE (State or foreign country)	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAZDEN NAME	
PHILLIP. SHAY	MARY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT	
No NE service)	PHILIP MOORHEAD,	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Senility		***************************************
4500 Antecedent cause(s) Generalize	ARTERIUS CLERUSIS	
Diseases or conditions, if any, (b)	PNEUMONII+	ZYHRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubirus	Ulcejes	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from APRIL	, 1951, to MAY , 1951, that I last s	aw the deceased
alive on MAY 3, 19.51, and that death occurred at	ADDRESS and on the date str	ated above. DATE SIGNED
/	MALCULM DR. Solver Spring	my 5/4/51
23. BURIAL, CREMATION DATE RESTOVAL (Specify) \$ 19 1 NAME OF CEMETE RESTOVAL (Specify)	RY OB CREMATORY LOCATION (City) town, of country local form	y ((State))
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4 (951) Janees Colley	24. FUNERAL DIXECTOR BUS 60 1400	Deaper Plan
(over)	Stash	NH6.

PLEASE

NO SECRETARIAN PROPERTY AND ASSESSED FOR THE PROPERTY ASSESSED FOR THE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

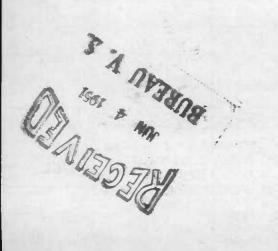
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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 243

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glenn Dale (rural) Ength of STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR 17 days. STREET ADDRESS Glenn Dale Sanatorium	STREET (If rural, give location) ADDRESS Apt. 310 - 1300 E. Clifton Terrace,
3. NAME OF (First) (Middle) (Type or Print) Charles #.	VORTH 4. DATE (Month) (Day) (Year) DEATH 5 28 195/
6. SEX Male 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH 9. AGE last hirthday 1 If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect EID JOYEU	Philadelphia, Pa. 11. BIRTHPLACE (State or foreign country) Philadelphia, Pa. 12. CITIZEN OF WHAT USA
William F. North	Mamie J. Knorr
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?	17. INFORMANT AND ADDRESS Decedent
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Pulse mornes to	iberculosis for advanced 12 Ho
Immediate cause (a)	Joseph Mariante 12110
Antecedent cause(s)	
Diseases or conditions, if any, (b)	# 150000 hope and a company of the c
stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No □
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9///	, 1950, to 5/28, 195/, that I last saw the deceased
5/20	DATE SIGNED
Daniel Leo Pinier and M. D.	Glenn Dale, Maryland 5/20/51
23. BURIAL, CASMATION DATE THEREOF NAME OF CEMETE.	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'P BY LOCAL REGISTRAR'S SIGNATURE REG. 5/1 9/5!	24. FUNERAL DIRECTOR LE ST LINE CO. 141 H ST NW. WASH. D.C.



WRITE PLAINL

PLEASE

VS. A15A

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05103

Silver Spring, Maryland

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY MEL SLOT SL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MONTGOME	ry
CITY (Moutaide corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR OR	
HOSPITAL OR	STREET (if ru al give for ation)	1
INSTITUTION OR Seland Memorial Hospital	ADDRESS P.O. Box 507	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) (Day) (Ye	ar)
(Type or Print)		51
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DAT OF BIRTH 9. AGE last birthday If uoder 1 year Months Days Hours 1	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	HAT
done during most of working life, even if retired) Industry during home s	Washindon Il OUNTANT	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Phelipo	Caroline Batchlin	
15. Was Deceased Ever IVU.S. Armer Forces? 16. Social Security No. (Yanno or unknown) (If yes, give war or dates of	17. INFORMANT	
iservice)	Mrs Madeline Ocose Melyo - Wife	
18. MEDICAL CE	RTIFICATION INTERVAL BUTW	LATERAL
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	HTA
Trent Por	resture heart fairne	
Immediate cause (a)	Jan San San San San San San San San San S	
/47 Antecedent cause(s)		
Diseases nr conditions, if any, (b)	What he was a state of the stat	H **** **
/3/a stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	1
	Yes No	D
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY ni. work at work		
22. I certify that I took charge of the remains described above, held an A	utopsy [], Inspection [X], Inquiry [X] thereon and fram the eviden used died on the day stated above, and death in my opinion results	ce
from: natural causes accident , suicide , homicide , signature (Degree or title)		
11 2 20 /	0 0/ 1:11 1-10	
John J. Masony M. D. Den. M.d. E	Jam Cheverly = Mattantle 5-8-3	1
DEMONAL (Consider)	RY OR CREMATORY LOCATION (City town, or county) (State)
	emorial Cemetery Prince Geo. County Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
July 12.1981 July Devery	Warner & Tung heer 8434 Ga. Ave.	

S. A CARRANA

OSA SA CARRANA

(M)

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly—

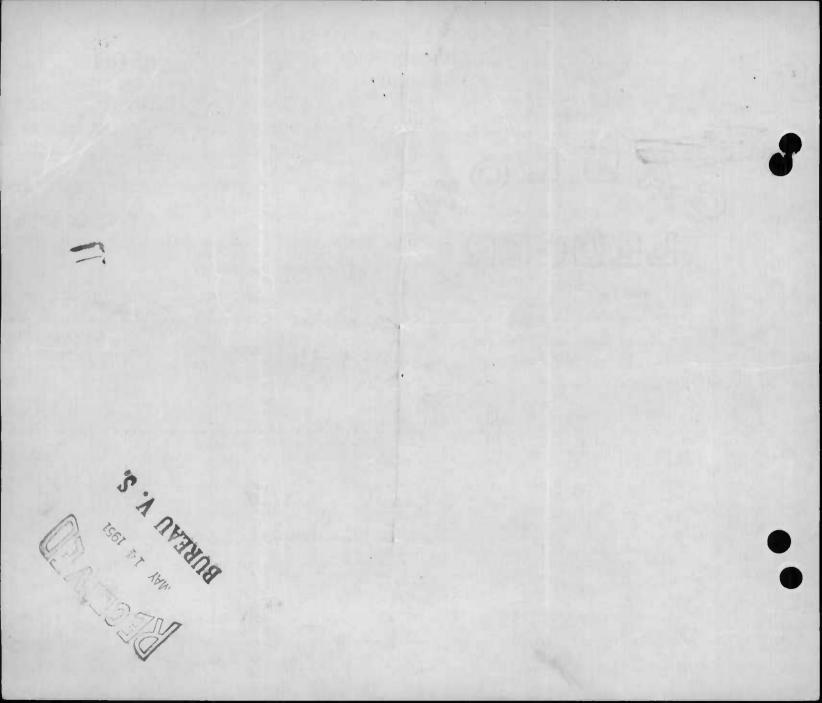
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05104 23/

1	
1. PLACE OF PEATH, COUNTY Princh George MARYLAND	2. USUAL RESIDENCE CHOME) OF DECEASED. COUNTY P.
CITY (If cut) de corporate li lita, write RURAL and LENGTH OF STAY OR grant towo) in this place.	CITY (If outside corporate limits, write RURAL and give nearest lown) OR TOWN Cobuled North State Company Cobuled North State Cobuled Nort
HOSPITAL OR INSTITUTION OR Private Several Street Address Private Several	STREET ADDRESS 427- 4 9 70 Al. Photose
3. NAME OF (First) DECEASED (Middle) (Type or Print)	Phillips 4. DATE (Month) (Day) (Year) OF DEATH 5 8 197
5. SEX 6. COLOR OF HACE 7. SINGLE, MARRIED, WILDOWED, DIFFREED.	8. DATE OF BIRTH 9. AGE last hirthday If under I year Months Days Hours Mio.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHIP ACE (State or foreign do they) 12. CITIZEN OF WHAT
Robert B. ahillips	Liversoff sussman
15. WAS DECRAYED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) give war or dates of service)	17. INFORMANT AND ADDRESS Life Copital I Ta he
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
A STREET OF SOMETHING DIRECTED BEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Venionhoge	- and shock
012	A Section of the sect
Antecedent cause(s)	shull
Diseases or conditions, if any, (b).	
170c stating the underlying cause last	
(c) allation or	back are
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [] No []
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Joffice Units, etc.) CAUSE OF DEATH.	CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hogr) INJURY OCCURRED While at Not while injury 5 (3 m/m) work at work	HOW DID INJURY OCCUR?
	Total of the first the fir
22. I certify that I took charge of the remains described above, held an A	utopsy _, Inspection Inquiry thereon and from the evidence
from: natural causes , accident , suicide , homicide ,	ased died on the day stated above, and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
James 9. Sord m. K	Forestall had 5-8-51
23 BURIAL CREMATION DATE THER OF SAME OF CEMETE	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/9/5/ Amanda Dounes	24. FUNERAL DIRECTOR ADDRESS
1) 17/6/ Whitean No occurred	at a supplied that the supplied



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly—

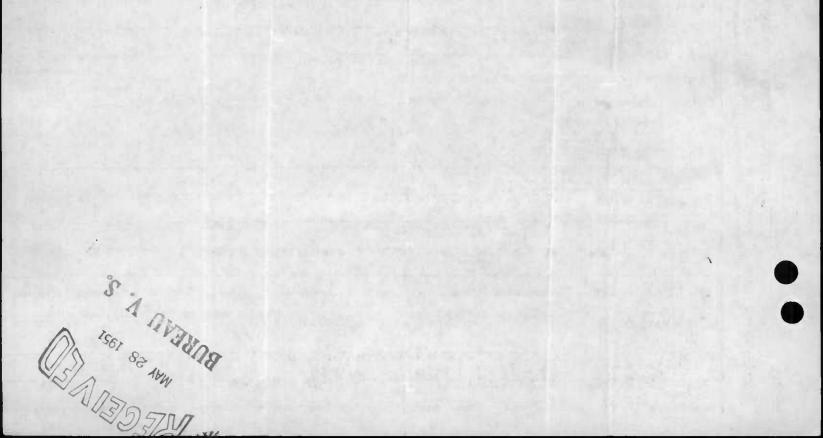
MARGIN RESERVED FOR BINDING

VS. A15

05105

g. Dist. No. 23/

1. PLACE OF DEATH- COUNTY YINCE GEORGE MARYLAND	2. USHAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and Condition of Condit	CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Prince Georges General Hospital	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) #AYVCU	TO TEN DEATH // QU : 24 195/
6. SEX Married, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday Uunder 1 year Hunder 24 hrs. 12-27-9 5-9 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry INDUSTRY	11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ansnown	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [11 yes, give war or dates of service)	Charles B. marline working
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Corolion f	onful, acute consister Int.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	he heart duone 1845.
117a stating the underlying cause last (c) (/ 4xthe h	185.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	14
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5 - 21	, 1957, to 5-24, 1957, that I last saw the deceased
alive on 5-24, 1951, and that death occurred at. A	0010
MASource M.D. 4.	Hyarego, 16, med. 5-24-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER SPECIAL (Special) 5/28/51 Wash.	NOT THE LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/25/51 Umanda Downey	1 W. W. Chambers 517-11 STSE
	wosh. Mr



The correct age

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05106

Reg. Dist. No. 242

COUNTY Prince George MARYLAND	STATE D. C. COUNTY	1
CITY (If outside corporate limits, write RURAL and CR give nearest town) Illside (in this piace)	CITY (If outside corporate limits, write RURAL and give OR Washington	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mike Young's Bar Room	STREET (If rural, give location) ADDRESS 625 E St. SE	V
3. NAME OF (First) (Middle) DECEASED (Type or Print) Frank Edward	(Last) 4. DATE (Month) OF DEATH May	(Day) (Year) 19 19 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 9. AGE last hirthday Months Months	Days Hours Min.
done during most of working life, even if retired) Machin 118 c life, even if retired) Industry Unemployed	11. BIRTHPLACE (State or foreign country) Czechoslovakia Cz 14. MOTHER'S MAIDEN NAME	CITIZEN OF WHAT COUNTRY! OCHOSLOVAKI
13. FATHER'S NAME unknown	unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	Randolph Prochazka, Cedar Hurst	Md.
18. MEDICAL CEI		,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
13 Immediate cause (a) Acute congestive l	neart Iallure	
Antogodomt coupo(a)		
Diseases or conditions, if any, (b) Generalized toxem:	ia	***************************************
giving rise to the shove cause atating the underlying cause fast		
(c) Bilateral broncho	pneumonia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🔼 No 🗆
21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY at work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december of the control causes a cardent , suicide , homicide , signature (Degree or title)	ased died on the day stated above, and death in my o	rom the evidence pinion resulted DATE SIGNED
January Sond M.D.	Forestville, Md.	5/19/51
	RY OR CREMATORY LOCATION (City, town, or county	
	24. FUNERAL DIRECTOR	ADDRESS
REG	F. Gasch & Sons, Hyattsville, Md	
	544	UUU

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly: MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05107

23.4

Reg. Dist. No.

1. PLACE ODDEATH. COUNTY DEATH. GOALS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED CO	O YTANDO
OR give percent town Cown	CITY (If outside corporate limits, write RURAL OR TOWN	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5447 Cron Hell Kd	STREET ADDRESS 442 OKONN	el so
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Moot OF DEATH 5	h) (Day) (Year)
5. SEX COLOR OR RACK 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday I	under I year II uoder 24 hr. fonths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done dailing most of working life, even if retired) Junustra	ii. BIRTHPLACE (State or (oreign country)	12. CITIZEN OF WHAT
13. FACHER'S NAME Proctor.	14. MOTHER'S MAIDEN NAME	
(Yearno, or unknown) (It yearno, or unknown) (It yearno, or unknown) (It yearno, or unknown)	Elisbeth & Pro	cla
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
976 X Immediate cause (a) Herraule	and store	ONSET AND DEATH
Antecedent cause(s)	+ 1100 lot a to	Cl. 2
Diseases or conditions, if any, (b)	a coordinate of the	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY LOR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (CO	Yes No D
TIME (Month) (Day) (Year) (Hout) INJURY OCCURRED OF While at Not while	HOW DID ANJURY OCCUR?	Axen
22. I certify that I took charge of the remains described above, held an A	utopsy Inspection Inquiry Thereon	and from We evidence
obtained by said Autopsy, Inspection or Inquiry, find that said deceder from: natural causes, accident, suicide, homicide	ased died on the day stated above, and death in undetermined	n my opinion resulted
SIGNATURE (Degree or title)	ADDRESS 4	5-'14-51
REMOVAL (Specify) DATE PHEREOF NAME OF GENETE		or couoty) (State)
DATE REC'D BY LOCAL REGISTAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BUREAU V. S.

1621 IS YAM

SECENCED SE

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH.		2. USUAL RESIDENCE (
Prince George	MARYLAND	STATE		UNTY Pr Geo
CITY (If outside corporate limits, write RURA			ate limits, write RURAL a	nd give nearest town)
OR give nearest town)	(in this place)	II OR	**	Ma Sire Housemen court)
TOWN Hillside HOSPITAL OR		TOWN	Hillside	
INSTITUTION OR		STREET ADDRESS	(If rural, give locati	on)
STREET ADDRESS		1223	55th Ave.	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month	(Day) (Year)
(Type or Print) Charles		Prummer	OF DEATH May	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH		8 1951 under 1 year [Hunder 24 hrs.
14 2 2	7. SINGLE, MARRIED, WIDOWED, DIVORCED,		Me	onths Days Hours Min.
Male White	(Specify) Married	April 27, 1880	7] yrs.	1 10 2
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	IF. BIRTHPLACE (State	or loreign country)	12. CITIZEN OF WHAT
Pastry Chef		Dunen Germ	anv	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Mathias Prummer		Ursula		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?		17. INFORMANT AND	ADDRESS	0/-
(Yes, no, or unknown) (If yes, give war or dates or service)	E77 70 7400	17.000	is!	- /
no (service)	577-30-7406	Paggla Mingear	- 1301 Enror	t Sq. SE
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH			ONSET AND DEATE
	- 1 11			
Immediate cause (a)	Hypostatic pneu	monia	***************************************	3 days
161X				
Antecedent cause(s)	Carcinoma of la	Witness W		2
Diseases or conditions, if any, (b)	Carcinomaoiia	rynz		2 years
stating the underlying cause last				
(c)				1
11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death				
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
July 21, 1949 Carcin	oma of larynx			Yes No
21. ACCIDENT (Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (cou	NTY) (STATE)
HOMICIDE INJU	RY			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	//
OF INJURY m.	While at Not While Work At work			
1143 0141	WOLK WOLK			
22. I hereby certify that I attended the	deceased from Dec. 5	10 50 to May	3 10.51 that T.I	and mine the decision
22. I hereby termy that I attended the	deceased non	, 15, 10	, 15, that 1 1	ast saw the deceased
alive on May 7, 19.51, and	that death occurred at	8:55a m from the	causes and on the de	to stated shows
SIGNATURE	(Degree or title)	ADDRESS	causes and on the da	DATE SIGNED
100	,			Dill Biditab
mett. (pinelsen	M.D.	4400 Bowen St	t. SE	May 8, 1951
23. BURIAL CREMATION DATE THEREO	F NAME OF CEMETE		LOCATION (City, town, or	county) (State)
REMOVAL (Specify) May 10/5				
DAME PROID BY LOCAL DECISEDADIO	Lee's Cr	ematorium	Washington	DC
REG.		24. PUNERAL DIRECTO	20' / 1	ADDRESS
May 10, 1951 Carrie	e F. Campbell	1.00	en son	0-300-4
		J. Wm. Lees a !	Sons Co. 300 4	th St. NE
	(/	04 111111 -06.0	70110 -0 000 7	OIL CO. IND

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1261 33 YAM

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

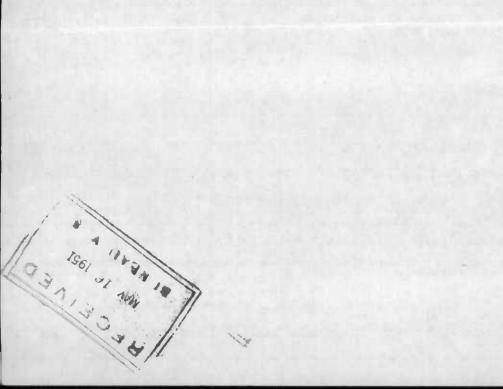
2411 N. Charles Street, Baltimore

05109

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA	TH.	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY P		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Aprel of Mark Plant		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
HOSPITAL OR INSTITUTION STREET ADDR		- June	STREET ADDRESS	(If rural, give location	n)
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	ELEANOR	A.	REID	OF DEATH Man	12 1857
S. SEX FEMO	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday H from	der 1 year If under 24 hrs. ths. Days Hours Min.
TEMALE	PATION (Give kind of work		11. BIRTHPLACE (State of		1 12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY /Jame	Washing Tan.	D C.	COUNTRY?
13. FATHER'S NA			14. MOTHER'S MAIDEN	NAME	
Lem	nel E. Ma	when	Ellen C. C	assily	
15. WAS DECRASED	EVER IN U.S. ARMED FORCE	87 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS/M	
(1 es, no, or unknown	i) (If year, give war or dates service)	01	Englise N. R	Il Wakeres	to Mid
		I8. MEDICAL CE	PATIFICATION		7
I. DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEATH	MIFICATION	0	INTERVAL BETWEEN ONSET AND DEATH
		P har	o rahau	// X	
Immedia	ate cause (a)	Cenula	c ujun	Wry	1200
334X Antored	ent cause(s)		_ / /	_	
Anteced	ent cause(s)	hlessin Dan	111		11.
V 0	r conditions, if any, (b)	1 your cons	wyn.	***************************************	191
giving rise	underlying cause last	11		7	
Conditions contri	FICANT CONDITIONS buting to the death but not ease or condition causing des	th.		. 1	
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes \ No \
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR	rown) (Coun	
TIME (Month	(Day) (Year) (Hour)	INJURY OCCURRED	I HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work	N C		
		ne deceased from 1	3, 195/, to	2., 15, that I las	st saw the deceased
alive on SIGNATURE		nd that death occurred at	ADDRESS 7	causes and on the date	stated above. DATE SIGNED
18	Mari	n Mod	Tain	- with	5-14.01
23. BUKIAL, CRE REMOVAL (Sp	ecify)	15 NAME OF CEMETE	CRY OR CREMATORY	OCATION (City, town, or c	ounty) (State)
COATE REC'D BY		SIGNATURE ON A MADE A A A	24. FUNERAL DIRECTO	R	ADDRESS
array 14		Survey	NUMBER ALL	naldoon, Ja	usel, IVA



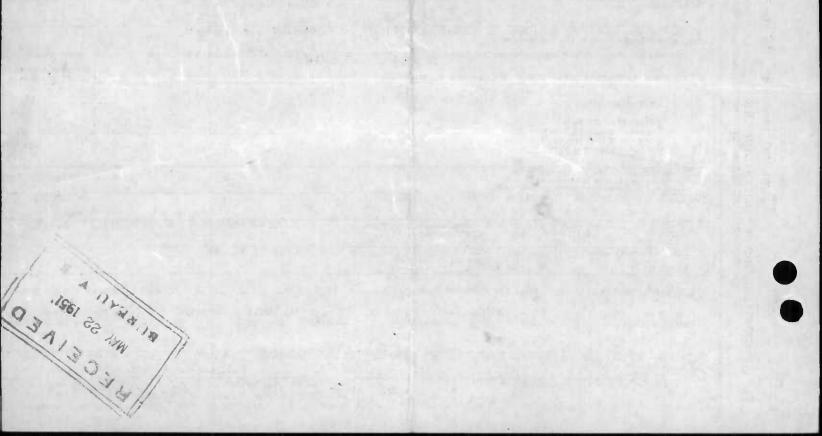
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15111) Reg. Dist. No. 245

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Hence Georges MARYLAND	STATE Med COUNTY	ruise Kes
OR give nearest town) ' (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN / escale / day	TOWN Call age city, M	-d.
HOSPITAL OR I sland new Hospital	ADDRESS (If rura), give location)	
STREET ADDRESS 9901 Queensform 701.	2/1/-3/4/	
3. NAME OF (First) (Middle)	(Last), 4. DATE (Month)	(Day) (Year)
(Type or Print)	DEATH May	19 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday of under	l year If under 24 hrs Days Hours Min.
(pecus)	1 Cycle 10,1815 C ym. 1	4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	Drumon Ma.	U-Sa
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	0 01.
15. WAS DECRASED EVER IN U.S. ARMED FOR ES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 10 and	yapper
(Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS . Que	2211
service)	1 1 mg y orange - 1 1 maging 480) 1 - Harmana na
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONEET AND DEATE
(a) Appeller	Harr Denace	4 mond.
Immediate cause (a)		***************************************
7 () Antecedent cause(s)	Meanter - Chime)	2 /20
and the text of the second	**************************************	
6 stating the underlying cause last rususliked ?	njurilia.	
(c) 11. OTHER SIGNIFICANT CONDITIONS		7
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
198. DATE OF OTHER TON		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(0-11-12)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. Work At work		
5/,	-1 3/10 -	
22. I hereby certify that I attended the deceased from	, 19.5 , to 9/19, 19.5 , that I last as	aw the deceased
alive on 5/19 10.5% and that don't account at	2 h m from the sources and on the date of	atad ahama
alive on	ADDRESS	DATE SIGNED
2 5-6 - 0 2 11 0	? Pamie met	
01 Blannes 014 G	mythe au faire my	
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE,	RY OH OREMATORY LOCATION (City, town, or count	(State)
10/22/01 - COULT	fer successed 10	1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21. TUGERAL DIRECTOR SULL-There	DORES
may 21, 1951 Mas. Jas. Perere While	2 NARCHESING TYPOUT	00774



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL DESIDENCE (HOME) OF DECEASED COUNTY Prince MARYLAND CITY (If outside coporate limit, write OR give near flower WURAL and corporate limits write RURAL and give newest town) LENGTH OF STAY CITY (If outsid (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET (If rural rive location) ADDRESS an STREET ADDRESS (Middle)
R Doc 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED CF (Type or Print) DEATH 5. SEX SINGLE, MARRIED OR RACE 8. DATE OF BIRTH 9. AGE last birthday Months | Days | Hours | Min. WHOOWER DIVORCED 17. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kjud of work 10b. KIND OF BUSINESS OR CITIZEN OF WHAT done during most of working life, even if satired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause (1) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 3 a stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No D 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF office hldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While Work | INJURY At work 19.5, that I last saw the deceased 22. I hereby certify that I attended the deceased from. and that death occurred at 10 q m., from the causes and on the date stated above. alive on... SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

PLEASE



1,

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE
Prince George's MARYLAND	Maryland Pr. Gen.
OR givo nearest town (in this place)	CITY (Il outside corporate limits, write RURAL and give nearest town) OR
Town Mt. Rainier 13 440.	TOWN Mt. Rainier
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 4405-29th street	4405-29th, street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Emma Benham S	Sherman OF DEATH May - 13 - 1951
5. SEX 1 6. COLOR OR RACE 1.7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs.
Female White WIDOWED DIVORCED, (Specify) Widowed	12 /26 /1871 79 VIII. Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work 10h Wind OF BUSINESS OF	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Minimum COUNTRY S(1)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
tred Don home.	Estima Santlans
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	Marthy 1000 - 4405-29th 1 = 0
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
0 -	ONSET AND DEATE
Immediate cause (a) Cougesleve	Heart failure 3 76 help
11601	
Antecedent cause(s) Diseases or conditions, if any, (b) Coronary (iter. X sel me 15- mue a
giving rise to the above cause	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
198. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
DI ACCUPENT (Consider) DI ACE (Home form fortes)	Yes No W
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DVD WINDY OCCUPA
OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from May 12	19.5/ to Mare / 2 19.5/ that I lost gaw the decord
1 / -	
alive on hey 12 19 5/, and that death occurred at/	
SIGNATURE (Degree or title) 5/	DDDRESS DATE SIGNED
he to Ale as had 2000	chin Pan Mx Pan ha
23 RURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	(3000)
Burial 5/16/1951 Evergreen Date REC'D By LOCAL REGISTRAR'S SIGNATURE	Cemetery Bladensburg Md. ADDRESS
REG.	70 00 00 00 00 00 00 00 00 00 00 00 00 0
may 16 1901 James Devely	Malley & Juneral Home 3200 K. V. Ove,
	my Paring med.
	Mt. Kalmer, Md



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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05113

Reg. Dist. No. 23/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	STATE Manle D COUNTY	Henre
CITY (If outside corporate limits, write URAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside concernts limits, write RURAL and give OR TOWN	nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS W LOOME	STREET ADDRESS # 00 1 & 9 (If rural, give location)	2.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Kuchand albury Sh	reve DEATH May	5 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II doder I Months yrs.	year If under 24 hrs. Days Hours Mln.
One during must of work life, even (retired) 19b. Kind of Bunness on Industry Annual Complexity of the complexity of t	BIRTHOLACE (State or foreign country) 12.	CITIZEN OF WHAT
Richard A. Shave Sn.	Wan W Val	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give ver or dates of service)	Water & Shows Woodston	D.C.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carolin	- macular . Roral de	Streat
442X Antecedent cause(s)		n
Diseases or conditions, if any, (b)		- W
1310 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 4
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work	HOW DID INJURY OCCUR?	
22. I hereby coulify that I attended the deceased from	, 194 6, to han 6, 195 1, that I last sa	me the deceased
	7	
alive on	2:15-4 m., from the causes and on the date sta	ted above. DATE SIGNED
At Malliam which	Twis's hear york an	Nu 5/21
	RY OR CREMATORY LOCATION (City, town, or county	(State)
Bread (Specify) 8 May 1951 Dlen wood	Demetery Washigton, D.C.	
DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE	24. FUNERAL DIAECTOR	ADDRESS
5/8/5/ Umanda Downey	13.1202012 John Hyallaulle,	md.
	2906	19

BUREAU V. S.

VS. A15

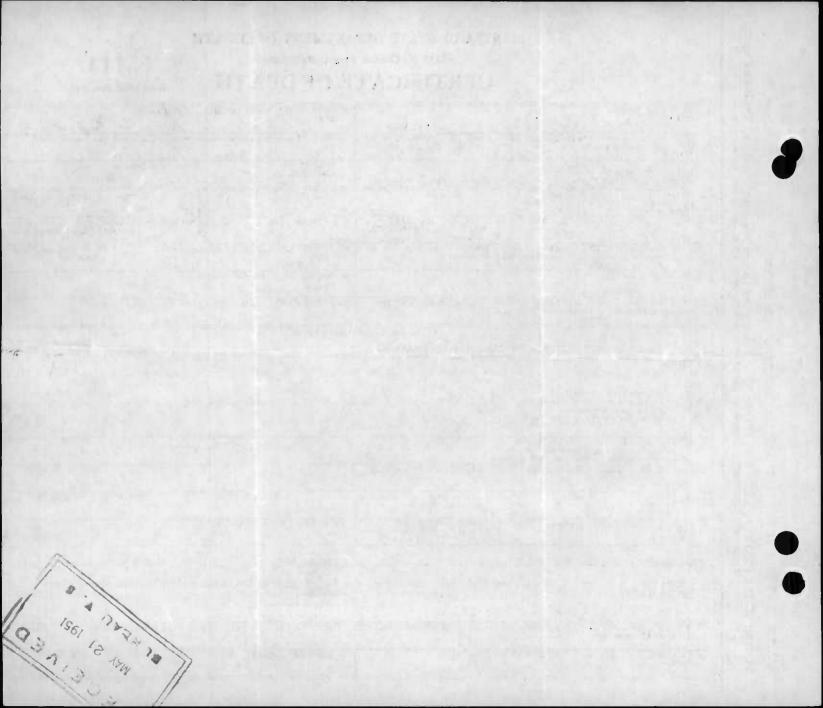
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	E OI DESILETE Reg. Dist. I	10 <i></i>
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY RINEO GEORGES MARYLAND	STATE Maculand. Prince	Georges
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and g	give nearest town)
TOWN CHEURICA STUDIOS	TOWN Mashinglon 20	20
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGE GON. HOSP.	STREET (M rural, give location) ADDRESS 5 (40 Wheel pic 5t	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Malter P. Dr.	rellings. OF DEATH May	19 1957
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) 5/119/C	8. DATE OF BIRTH 9. AGE last birthday If under 2/12/1978 73 yrs.	r i yedr If under 24 hrs.
10a USHAL OCCUPATION (Give kind of work 10b. Kind of Rusumass of		12. CITIZEN OF WHAT
done during bost of working life, even if retired) INDUSTRY	Dirainia	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Miknoun	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
O DESTRIBES ON CONDITIONS DANGED EN ADDING TO DEATH	106	UNSUT AND DEATH
Immediate cause (a) Lerebral Vall	was ander	5 Days
Market Automateur annuales 11 - +	(/ / .	
Antecedent cause(s) Diseases or conditions, if any, (b)	ardie variation disent	141.
93 d stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	-10 -10	
22. I hereby certify that I attended the deceased from 5-14	, 19.5., to	saw the deceased
alive on519, 19.57, and that death occurred at	2 50 m from the causes and on the date	etated above
SIGNATURE (Degree or title)	ADDRESS.	DATE SIGNED
Al Al Samer MAD	4314 Galledges 5.	~ 11 51
IN NOUMED 111.7.	HTAHSWILL, JUN.	3 .74.2
23. BURIAL, CREMATION DATE THEREOF NAME OF CHARTE	RY OR CREMATORY LOCATION (C) Jown, or sou	inty) (State)
Duties May 2-1/21 Subs.	of Mariana Diploma	me.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG	24. FUNERAL DIRECTOR	2 ADDRESS (
5/19/51 Umanda Douney	I were Trunetal Home	· Jack . X C
		11/1/1/1/
		0000

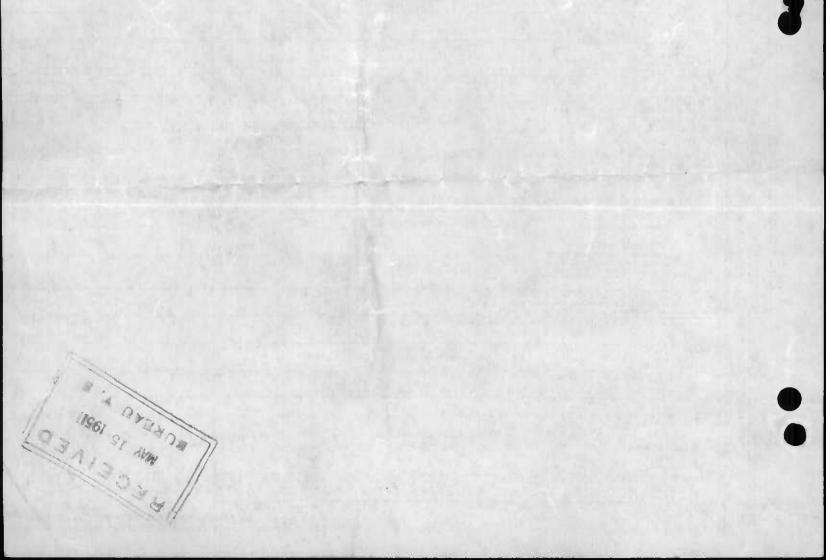


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05115

I. PLACE OF HEATH. COUNTY Frince Serges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY SEGREE
CITY (If outside corporate limits, and RHAL and LENGTH OF STAY OR TOWN give parter town leavel and Garatin please	CITY (If outside corporate limits, write RURAL and give nearest fown) OR TOWN
HOSPITAL ON OR Hyatterille Convalement long	STREET 3800 Battinou Blid
3. NAME OF DECEASED (First) FLORENCE DELIAH	SOUDER 4. DATE (Month) (Day) (Year)
JEWALE 6. COLOR OF RACE 7. SINGUE, MARRIED, WIDOWED DIVORCED, (WIDOWED) DIVORCED, (Specify Lin Louid	8. DATE OF BIRTH 9. AGE last birthday of under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work door during most of working life, even if retired) INDUSTRY TO THE LINE OF BUSINESS OR LINE LINE OF BUSINESS OR LINE OF BUSIN	11-BIRTH LACE (State or foreign country) 12. CITIZEN OF WHAT CONTENTS OF WHAT
13. FATHER'S JAME J. Crew	14. MOTHER'S MAIDEN NAME Inary and Constraint
15. WAS DECRASED EVER INUIS. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Les sondusson) wilmingto del
18. MEDICAL CI	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Qancer	night eye -largebowd 7 yrs.
Aniecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	a Cross
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3	, 1944, to 5/10, 195/, that I last saw the deceased
alive on 5 10 195., and that death occurred at (Degree or title)	ADDRESS DATE SIGNED
	ERY OR CREMATORY LOCATION (9dy, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR THE APPRESS 1
July 13, 1957 James Severy	I Basche some rejamentle he



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 23/

	Reg. Dist. No. XXXIII	**** 4.
I. PLACE OF DEATH-	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MEL CLANGE MARYLAND	STATE Waysand - County Come	10
CITY al outside/corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside comporate limits, write RURAL and give pearest to be)
TOWN give delarest town models and the trips place)	TOWN Colman Maur	
HOSPITAL OR	STREET (If ru'al give lo stion)	
STREET ADDRESS Minice George gm. Joseph	ADDRESS 3903 - Venton St.	- 400
3. NAME OF (First) (Middle)		(Year)
(Type or Print)	Steep Steep DEATH 5-19	1957
5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEDO DIVORCED.	8 DATE OF BIRTH 9. AGE last hirthday If uoder I year If under	r 24 hrs.
Male White (Specify)	have 1931 19 yrs. Months Days Hours	Mio.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done durlog most of working life, even if retired) Lypustry	W. Virginia Control 9	1
13 FATHER'S NAME OF LECTOR TOURS	14. MOTHER'S MAIDEN NAME	
would be steep.	Virginia M. Robertson	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	179 INFORMANT PO 41	
(Yet no, or uoknown) (If yes, give war and dates of service)	Horace Clifford Coberson	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY-LEADING TO DEATH	INTERVAL BE ONSET AND	DEATH
	a al a h	
Immediate cause (a)	L. MACK.	
984 Antecedent cause(s)	1.1 1	
Diseases nr conditions, if any, (b)	wound of chest	
glving rise to the above cause stating the underlying cause last	0	
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	SY?
	Yes 🕅	No 🗆
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, atreet, PRIMARY FOR CONTRIBUTING OF office-bldg etc.)	(CITY OR TOWN) (COUNTY) (STATE	E) /
PRIMARY FOR CONTRIBUTING OF office bidg etc.) CAUSE OF DEATH.	Colman Marion No. Sea - Mr.	d
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR? Shot her night onlice	in
OF INJURY 5 - 19-51 ni. While at work 1 at work 1	ching robberg.	
	Autonomia I Inquisition of Therein of thousand from the said	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	raced died on the day stated above and death in my oninion resi	ulted
from: natural causes , accident , suicide , homicide ,	undetermined [].	
SIGNATURE (Degree or title)	ADDRESS DATE SIG	NED
(12/2) male 400 no 40, 164	Clared Hattanllaged 5.16	0 1-1
23. BURIAL, CREMATION DATE/THEREOF NAME OF CEMETE	RY OR CREMATURY A LOCATION (Gity, town, or couoty) (Su	#(e)
MEMOVAL (Specify)		
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	Tof
REG. 5/21/41	7 Gescheen Tryaller les	40
- 12/3/ umanda Dounes	10 / 2000.00	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

VS. A15A

PLEASE



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05117

Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. CITE (If outside corporate limits, or the RURAL and TOWN STATE MARYLAND CITY (If outside corporate limits/write RURAL and give guarest town) LENGTH OF STAY thia place) TOWN HOSPITAL OR INSTITUTION OR STREET (If rh al give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED (Type or Print) DEATH 195/ 7. SINGLE/ MARRIED, WIDOWED, DIVORCED, 9. AGE last hirthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. 6. COLOR OR RACE SADATE OF BIRTH (Specify) small 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHRLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even If retired) COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause 13 a stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 💢 accident 🗌, suicide 🔲, homicide 🗍, undetermined 🗀. SIGNATURE DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specily)

BUREAU V. S.

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2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

05118

Reg. Dist. No. 243

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince Georges MARYLAND	D. C. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (I enn Dale (rural) MOS. and	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clenn Dale Sanatorium	STREET (If rural, give location) ADDRESS 1603 A. St., S. E.
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF OF DEATH MAY 24 1950
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) Widowed	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs 3/2/1881; 67 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	Pr. Georges Co., Md. 12. CITIZEN OF WHAT COUNTEY? USA
Charles Stewart	Sophia Thornton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NO service) — Unknown	17. INFORMANT AND ADDRESS Decedent
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) ? Immediate cause	many Tube anlows / year 2 mg
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from	
alive on May 23 - 1951 , and that death occurred at	ADDRESS Glenn Dale Sanatorium DATE SIGNED
23. BURIAL OREMATION DATE THEREOF NAME OF CEMETER REMOVAD (Specify)	Glenn Dale, Maryland 5/24/51 RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUSEWAL DIRECTOR ADDRESS
JIPYISI WIR URES	Stewart Huneral Stock



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09113

Reg. Dist. No 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give deapest town) LENGTH OF STAY CITY (If outside corposite limits, write RURAL and give nearest town) (in this place) TOWN 6 never TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS (Last) 4. DATE 3. NAME OF (First) (Middle) (Month) (Day) (Year) DECEASED OF (Type or Print) DEATH 195 7. SINGLE, MARRIED, WID WED, DIVORCED, (Specify) 6. COLOR OF RACE 8. DATE OF BIRTH 9. AGE last birthday | If upder 1 year | If under 24 hrs. | Mosths | Days | Hours | Min. 5. SEX 10b. KIND OF BUSINESS OR 10s. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT 12. done during most of working life, even if retired) INDUSTRY COUNTRY? Marulan 13. FATHER'S NAME Dean 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRES (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT № П 21. ACCIDENT SUICIDE (Specify OF office bidg., etc.) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Work INJURY At worke to May 6, 195 , that I last saw the deceased 22. I hereby certify that I attended the deceased from ATC. and that death occurred at ... 8 A.m., from the causes and on the date stated above. alive on .. SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION BEMOVAL (Specify) DATE THEREOF NAME OF CEMEDERY LOCATION (City, town, or county) OR CREMATORY PATE REC'D BY LOCAL REGISTRAR



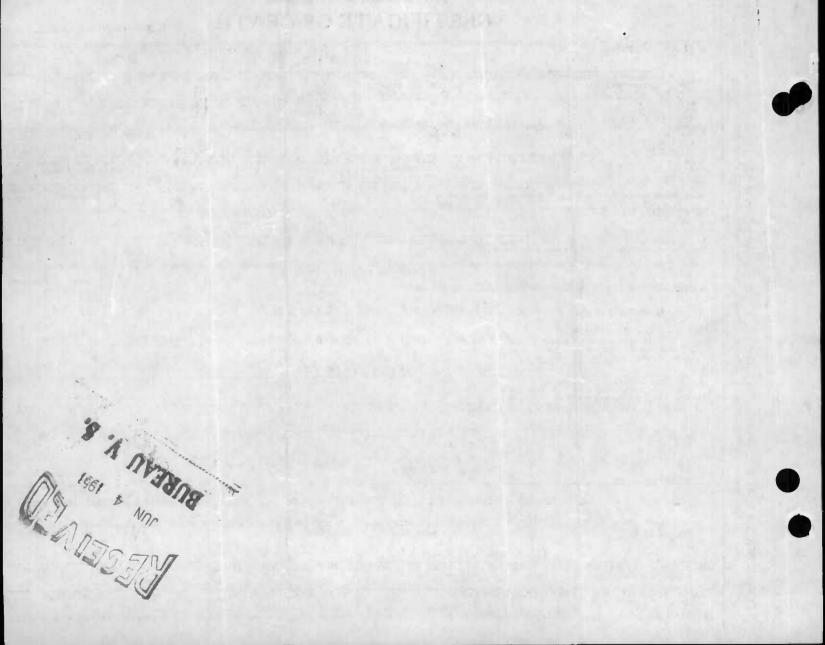
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

0512139136

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	TY 42 O
Trince Leorge MARYLAND	maruland	1. 4.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (he deflue	OR TOWN Brentwood	give nearest town)
HOSPITAL OR	[] STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Prince George General Hospital	ADDRESS 4300 - 40 TA ST.	
3. NAME OF (First) / (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) maru R.	Sweeney DEATH may	3/ 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If wide	
16a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Pennsulvania	COUNTRY? 71. 80
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME	W 1 2 7 7 7 C
Colements glassner	Regina Kramer	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If fes, give war or dates of service)	Joseph H. Swelney	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	//	INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a) Cerebra)	1ccide++	4days
Antecedent cause(s) Diseases or conditions, if any, (b) Hyper Kensive	applio-Vascular Disease	10 yrs ?
giving rise to the above cause stating the underlying cause last	Mollixis	15 yns. ?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	11. 13	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 5%
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	.,
OF While at Not While INJURY m. Work At work		i
12/1	1050, 5/31 105/11/11	
22. I hereby certify that I attended the deceased from	1950, to 5/3/, 195, that I last	saw the deceased
alive on 3/3/ 1957, and that death occurred at.	1	stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles C. Hageage M.J.	Mt. Raitier Md.	3/31/5-1
23. BURIAL, CREMATION DATE THEREOF (NAME OF CEMETE BEMOVE Specify) 6/2/195/ Fort Lines	LERY OR CREMATORY LOCATION (City, town, or con	, md .
DATE REC'D BY LOCAL PERISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-1-5/ amanda Woundy	Malley's Funeral Home 320	10-R. J. ave.
1		
	mt. Rainer Md.	



PROCESS THE EXPENSION STATE OF COMMENTS OF

of information carefully death clearly and legibly. BINDING Supply every item write the causes of d MARGIN RESERVED FOR INK. , WITH UNFADING important. Physicians:

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No ...

2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH. COUNTY COUNTY VINCE 500 AGE MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) OR OR give nearest town) TOWN TOWN 179 STREET (If rural, give location) HOSPITAL OR INSTITUTION OR ADDRESS Elm SYMPP STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (First) (Year) OF DECEASED amue Vanc15 195/ DEATH 3 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 9. AGE last birthday | If under 1 year | If under 24 hrs. 6. COLOR OR RACE Months. | Days | Hours | Min. 12. CITIZEN OF 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? done during most of working life, even if retired) INDUSTRY 14. NOTHER'S MAIDEN NAME 149 1410 F AU dener 13. FATHER'S NAME Tavenov 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND (Yes, no, or unknown) (If year, give war or dates of service) 1402 5 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH BUS Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS a Conditions contributing to the death but not related to the disease or condition causing death. 10 DIVER 20 multiple 1469 KI 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No Z PLACE (Home, farm, factory, street, (CITY OR TOWN) 21. ACCIDENT SUICIDE (COUNTY) (Specify) (STATE) office bidg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at Work At work | INJURY 4, 1951, to May 5, 195/, that I last saw the deceased 22. I hereby certify that I attended the deceased from Feb. 2:30 A.m., from the causes and on the date stated above. ADDRESS DATE SIG alive on / 24 5, 195/ ., and that death occurred at. (Degree or title) DATE SIGNED SIGNATURE LOCATION (City, town, or county) 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05122

Reg. Dist. No. 23/

	itteg. Dist. 110.	٠ /
I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	^
I TOM CL. CHANGED MARYLAND	Maryland Prince	LATELA
OR give neglect town) CTTY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place).	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN (in this place)	OR TOWN Brentwood, Md.	
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS COLOR GLORAGE GLORAGE STREET	ADDRESS 3707- Brunker Hil	10 (word-
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	OF 100	
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under I	2 195/
WIDOWED DIVORCED,	Dune 23!950 2 yrs. Months	year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		QUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	013.4
Charles Bishon Dovence	Many Garlon la	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mother	
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
0	100	ONSET AND DEATH
Immediate cause (a) Implications	Meningitio, TypeB.	
340.0		1000 00 00 MR 00 1010 00 0000000000000 1010 01
Antecedent cause(s)		
B31 Diseases or conditions, if any, (b)	NAME 14 0888 10 0884 1	HE DO DO GEOGRAPHICONTINUES
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	"HOW DID INJURY OCCUR?	
OF INJURY DI. While at Not while work at work		
22. I certify that I took charge of the remains described above, held an A	utopsy [], Inspection Inquiry thereon and f	rom the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decee	used died on the day stated above, and death in my o	apinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
SIGNATURE (Degree of little)	ADDRESS	DATE SIGNED
John I Malones Mix. Des. M. J. Esm	and Chescerly Hast trally man	15-2-51
23. BURIAL CREMATION DATE THEREOF / NAME OF CEMETER	RY OR OREMATORY LOCATION (Clay, town, he county	
REMOVAL (Specify)	est Courter Wash. at	, (5000)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNARAL DIRECTOR	ADDRESS
REG -/ /	JAM 7 (12.14.) 30	86. Chan . 1.
5/3/5/ Umanda Douney	Jans 1. That ser.	3 1 10 11 10
	<i>U</i>	uch. DC
V	All and a second a	, , ,

BUREAU V. S.

05123

CERTIFICATE OF DEATH

20 1	MARYLAND STATE DEPARTMENT OF HEALTH	123
1	CERTIFICATE OF DEATH	
le correct	FOR MEDICAL EXAMINERS Reg. Dist. No.	245
The	1. PLACE OF DEATH- COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY MARYLAND COUNTY	
15. 15.	CITY (If suitaide corporate limita, write RURAL and LENGTH OF STAY CITY (If outside corporate limita, write RURAL and give	nearest town)
egil	TOWN OR ATTITUTION OR 2 C 7 (1/2 C) A DDRESS C TOWN (If rural, give location)	
Supply every item of information carefully write the causes of death clearly and legibly.	STREET ADDRESS 3 02 4 - Hamilton & . ADDRESS 2 133 - 4 . N. Y. E.	V
rly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF	(Day) (Year)
clea	(Type or Print) DEATH Way S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If under 1	year If under 24 hrs
finlath	Wale White WIDOWED, DIVORCED, 190 4, 190 4, 190 L/3 yrs. Months	Days Hours Min.
f de	done during most of working life, even if retired) Thousand	CITIZEN OF WHAT
iter es o	13. EATHER'S NAME	
ery	15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Washington	200
y ev	(Yes, no, or unknown) (If yes, give war or dates of 5-78-09-605-7) Wary Mudd-	ter
ppl	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
es	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
INK. please	Immediate cause (a) Cerebral Aseadure	
C 20	331 X Antecedent cause(s)	
INC	Diseases or conditions, if any, (b). Wrettal Appendixon giving rise to the above cause stating the underlying cause last	
AD	(a) Cosential Joy perlension	
WITH UNFADING INK. mportant. Physicians: please	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
H (ant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,) (CITY OR TOWN) (COUNTY)	Yes No V
a 0 mm	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. CAUSE OF DEATH. COUNTY) (COUNTY)	(STATE)
E PLAINLY is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while	
Spec		
E-3.2	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection >, Inquiry \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rom the evidence opinion resulted
	from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS	DATE SIGNED
WRIT	John J. Malones, M. Den. M. J. Eram Cheverly - the attentle med	1 5-31-51
EASE	23. BURIAL, CREMATION PATE PHEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county	
EA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (1) 24. MUNERAL DIRECTOR	ADDRESS
7	REG. May S. Cimanda howner the S. N. Wines, Co.	ADDRESS
	Jen 2 Jan Jams Sever 6/2/5/ 2001 With Ct 2001	10 100
6	173(178) 7701-14-Se.11.W.W	ash. or

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BECEINED

2411 N. Charles Street, Baltimore

05124

GERTIFICA	TE OF DEATH Reg. Dlst.	No. 23/
1. PLACE OF DEATH .	2. USUAL RESIDENCE (HOME) OF DECEASED. COUN	a /
Therese Alles ale MARYLAND	Maryland 4	reace Desu
CITY (If outside corporate limits, write RURA) and OR give nearest town) TOWN LENGTH OF STA (in this place)	OR O DID	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PLEASE MEAN STREET	STREET (If rural, give location)	
3. NAME OF (First) (Middle)		
(Type or Print) Lessie 2/	Coman DEATH Man	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday I Mind Month	er 1 year If under 24 hrs bs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	a-,s.
Ralph J. Moyer	Brace M. Shonnon.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (11 yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
00 4 0 4		DEATH
Immediate cause (a)	Morrow	Juks.
Antecedent cause(s) Diseases or conditions, if any, (b). Aybutenuc	in Dialetes	5yrt
giving rise to the above cause stating the underlying cause last		9 90 00 50 + 1 5 - 1 0mm mm
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) HOMICIDE INJURY	et. (CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
INJURI III. I WORK At WORK	119 1 1	
22. I hereby certify that I attended the deceased from	, 19 /, to 195/, that I last	saw the deceased
. 1 4 1		
alive on, 195, and that death occurred at	ADDRESS ADDRESS	
SIGNATURE (Degree or title)	COLLEGE DE VIII	DATE SIGNED
of come a. J.	suge vary we	5-1-51
23. BURIAL CREMATION DATE THEREOF NAME OF GENE	TERY OR OREMATORY LOCATION (City, town, or co	unty), ma (Syste)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 7	24. FUNERAL DIRECTOR	ADDRESS
5/7/5/ Umanda Douney	& suche some Agall	pressing

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrects is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

PRESCET VED MAY 10 1951 BUREAU V. S.

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

(15125) Reg. Dist. No. 246

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	- MA	vince V.
OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN TOWN TO THE TOWN	TOWN A yallamille	
HOSPITAL OR PO O 22	ADDRESS (If rural, give location)	// - 0
STREET ADDRESS alland Mynorial	3 8025 40 He ling There	do mo
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) / Wille TWMM,	Marine DEATH 37/ 2	6 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	S. DATE OF BIRTH 9. AGE iast birthday If under y Months D	ear If under 24 hrs.
temple While (Specify)	520-2019011 42 yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life; even if retired) INDUSTRY		CITIZEN OF WHAT
mousewell at rome	Juguna	WS.G.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert allew Tancet	Lawre Bell Woolder	41.
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	/
service)	Hospital leards	
18. MEDICAL CEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DA TH
Marster L	test is been and	12/
Immediate cause (a)	western morrowy	and the stage
TO Antecedent cause(s) Enough and	1 Maria	
O / Diseases or conditions, if any, (b)	1 vauce	
giving rise to the above cause stating the underlying cause last	. / /	9 11.
1245 (c) Whose	s of liver	Lycars
II. OTHER SIGNIFICANT CONDITIONS	/	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No П
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		-
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	1
OF INJURY m. While at Not While Work At work		
Mch	110 74.1121 121	
22. I hereby cortify that I attended the deceased from	, 1949, to May 26, 195 , that I last saw	the deceased
MAU25 105/ and that doubt assured at	2 2 m from the saures and on the date state	al about
alive on 195, and that death occurred at (Degree or title)	ADDRESS and on the date state	DATE SIGNED
Sidney of	7	
outhalin mis	werdall, my 5.	26.5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CHEMATORY LOCATION (City, wan, or county)	(State)
Buris (Specify) 5/29/5/ aringto	received Cirlinger (1)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 PUNERAL DIRECTOR	ADDRES
REGMay 28 1957 Mrs. Jos. Severel Weberty	I Laserasone Hyall	will

BUREAU V. S.

BUREAU V. S.

BUREAU V. S.

A for a factor of

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 243

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
COUNTY Prince Georges MARYLAND	STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
Town give mearest town Dale (RURAL) 1 (in this place)	TOWN Washington	
HOSPITAL OR 10 days	STREET (If rural, give location) ADDRESS 3337 U Ch N M	
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	11 1135 - n. St., N.W.	
3. NAME OF DECEASED (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Frint)	DEATH DEATH	9 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTII 9. AGE last birthday If under Months	Days Hours Min
matte thatta. (Specify) married	Sept. 1. 19111 39 ym. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INPUSTRY		COUNTRY?
done during most of working life, even if retired) INDUSTRY Laborer in Warehouse Bottling Co. 13. FATHER'S NAME	Rocky Mt., N. Carolina U.	D.A.
Daniel Watson	Mattie Rich	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 001 70 031.2	17. INFORMANT AND ADDRESS	
no service) 224-10-0343	l Deceased	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH	riarteritis nodosa	ONSET AND DEATH
/ 01/4 70 14	tem To Walde	3 um
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	P	
13 le giving rise to the above cause atating the underlying cause last (c)	any Tuberculosis	15 ues.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY Mork At work		Mellicality
3/40	5/9	
22. I hereby certify that I attended the deceased from 5129.	, 1950, to 5/9, 1951, that I last s	aw the deceased
alive on 5/9 , 195/, and that death occurred at	Am. from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS Glenn Dale Sanatorium	DATE SIGNED
Dail Pas Dunias M.D.		C/0/C3
1 mines 120 7 military	Glenn Dale, Maryland, RY OR CREMATORY LOCATION (City, town, or count	5/9/51
REMOVAL (Specify) DATE THEREOF REMOVAL (Specify) NAME OF CEMETE	Washing ton	(State)
DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.5141		LIV. 1820 9th
111 Mar well	Jun Zur vann	Nu.
	fames morses 4	Wash.DC
		10 71 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

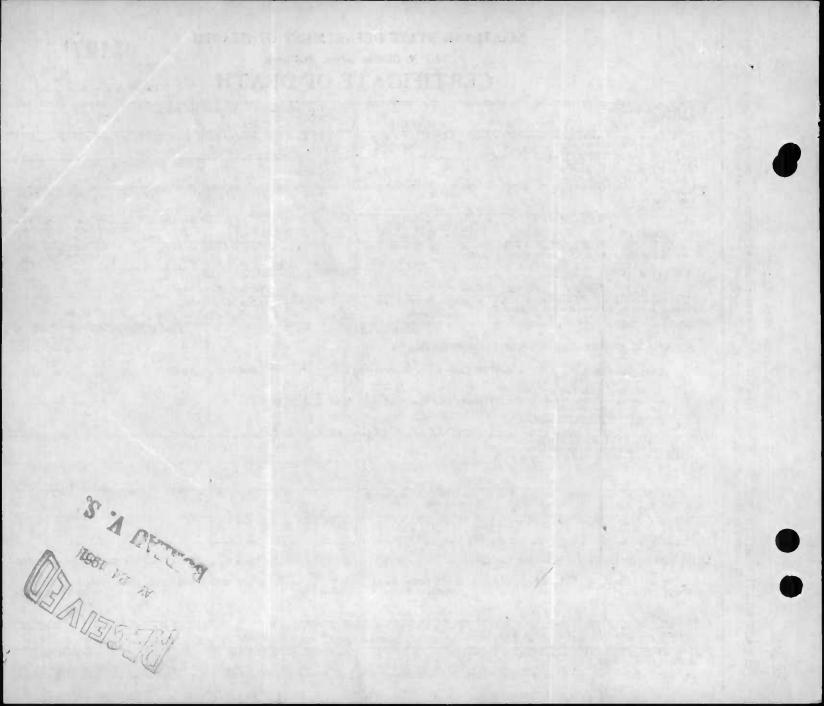
CERTIFICATE OF DEATH

II 2 LIGHAL PESTINENCE (HOME) OF DECEASED

05127

of Diet No. 23/

COUNTY Prince Jeorge MARYLAND	STATE Mary land COUNTY Pr. Ges.
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give margallown) by Md _ (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manyk
HOSPITAL OR INSTITUTION OR Funce Tenge Jen, Hoge	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) (First) (Middle)	Wessberg J. DATE (Month) (Day) (Year) OF DEATH May 18, 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Montha Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
LARS ERIC ANDERSON	14. MOTHER'S MAIDEN NAME MAKEOUX
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or maknown) (If yes, give war or dates of service) A Part of the service) A Part of the service of the serv	OLOF B. WESSBERG-3412-39 - Ave.
i. diseases or conditions directly leading to death	extification Coloque Marcal Between Onset and Death Onset and Death
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) The conditions contributing to the death but not related to the disease or condition causing death.	fent Dernes is sclusie
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{N} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?
alive on May 18, 195, and that death occurred at	ADDRESS DATE SIGNED LOSSILIS Rel Hyallsvelle ERY OR GREMATORY LIGCATION (City, town, or county) (State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5722 Umanda Wowner	W.W. Camoers Co-Kinsone to



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05128

1 Diet No 232

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince George MARYLAND	STATE Maryland COUNTY	rince Geo
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) TOWN Naviors Rural 47 years	TOWN Rural Navlors	
HOSPITAL OR	STREET (It must give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS Naylors road	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sobbie	Windsor DEATH MAY 17	19 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under I	
Female White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify), all field	July 21 1904 46 yrs. Months 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE/(State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY CULTURE HOUSEWILLE	Maryland	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John R. Peacock	Freida Kippen	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	John R. Windsor Navlors	
18. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Ox line LO	2 - 4 60 6	12.1
Immediate cause (a)	erompensation	hAf-X
4/1/2 Antecedent cause(s)		14.
Diseases or conditions, if any, (b)	e CVR phrsease	10 400
stating the underlying cause last		
1310		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITT OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
11	1	
22. I hereby certify that I attended the deceased from July	, 1947, to Thought, 1951, that I last say	w the deceased
11 and that double accounted at	me from the source and on the date while	
alive on	m., from the causes and on the date stat	DATE SIGNED
SIGNATURE	11 Day 11	DATE SIGNED
17/17 tame mil	whole Illastorno and	ma 51
	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Specify) 5/20/5/ St. Thomas	a Episcosel Croome.	md.
PATE REC'D BY LOCAL RECET AR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
May 19,1951 (Kensterne)	Retake, Bress. Teller, 7	Marellana
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2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 343

OBKITTOILI	BOI BEILII Reg. Dist. No.)
1. PLACE OF DEATH- COUNTY TWEE BEWY'S MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Try & Ferr
CITY (If outside corporate limits, write RURAL and OR give nearest or TOWN LENGTH OF STAY (in this place)	CITY (If outside consorate limits, write RURAL and giv OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS About	STREET (If rural give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Young 4. DATE (Month) OF DEATH	(Day) (Year) 28 195/
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED, (Specify)	8. PATE OF BIRDH 9. AGE iast birthday If under Months	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during fost of working life, even fretired) 10b. Kind of Business or Industry	Maryland	COUNTRY? OF WHAT
13. FATHER'S NAME hellip Thomas	14. MOTHER'S MAIDEN NAME TURN	er '
15. WAS DECEASED EVER IN U.S. ARRED FORCES? (Yes, no, or inknewn) (If year, give war or dates of service)	17. INFORMANT Maggie Dig	30
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Conjection	e Heart Failure	2 who
581.0 Antecedent cause(s) Course	is of Liver	1 news
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
	achrosis	10 gears
TW Pa	enl	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Noe While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		3
alive of the state	ADDRESS	DATE SIGNED
23. BURIAL CREMATION DATE NAME OF CEMPTE REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR Markon	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BLECEIVED V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()513() g. Dist. No. 243

1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Prince Georges MARYLAND			STATE D. C. COUNTY		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY			CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN give Greent town ale (rural) I month and			Town Washington		
HOSPITAL OR 12 days.			STREET (If rural, give location)		
STREET ADDRESS Glenn Dale Sanatorium			ADDRESS 39 H. St., N. W.		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	WILLIE	MAE	YOUNG	OF DEATH	22 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE iast birthday If un	der 1 year If under 24 hrs. ths Days Hours Min.
Female	Negro	WIDOWED, DIVORCED, (Specify) Single	5/23/1920) yrs. -	
done during most of	10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Domestic ?			Tampa, Fla. COUNTRY! USA		
13. FATHER'S NAME					
Norman Young			Bessie Brown		
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.			17. INFORMANT AND ADDRESS		
(Yes, no, or unknown) (If yes, give war or dates of No. 7279			Decedent		
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
11 2122112122 014 0	0110110 211100121	Julin on any	To Read !!	•	Onsei and Danie
Immedia	e cause (a)	a ser or wy	, account	es	29156mes
Diseases or giving rise to stating the	nt cause(s) conditions, if any, to the above cause underlying cause last (c)				4
Conditions contrib	ICANT CONDITIONS uting to the death hut not use or condition causing deat				
19a. DATE OF OPE	RATION 19h. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🗹
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (COUN'	TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CUR?	(a) 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			-1 -1		
	tify that I attended the	e deceased from 4/"	19 to	2, 19.5/, that I las	t saw the deceased
alive on	19.5%, an	d that death occurred at	P.m. from the	a causes and on the date	stated above.
SIGNATURE	2	(Degree or title)		Dale Sanatorium	
Danie	PSO Fines	iano InD.	Glenn	Dale, Maryland	5/22/51
23. BURIAL, CREM REMOVAL (Spe	city) DATE THEREC	NAME OF CEMETE	RY OR CREMATORY	LOGATION (City, town, or ex Balli more	ounty) (State)
DATE REC'D BY REG. 5(23)	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	11.11	ADDRESS
	n lugh	way	unny	MO KI WAS	991

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